



County of Lincoln — Parts of Kesteven

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ANNUAL REPORT

of the

COUNTY MEDICAL OFFICER

OF HEALTH

for the Year

1963





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COUNTY OF LINCOLN - PARTS OF KESTEVEN

HEALTH COMMITTEE

(Constitution as at 31st December, 1963)

CHAIRMAN:

Councillor S. P. KING

VICE-CHAIRMAN:

Alderman Mrs. D. SCHWIND, M.B.E.

Aldermen:

THE RT. HON. THE EARL
OF ANCASTER, L.L., T.D.
(ex-officio)

C. W. BARRAND
Capt. H. W. N. FANE, D.L.
(ex-officio)

C. H. FENELEY
H. L. HUDSON
W. E. YOUNG

Councillors:

Mrs. C. A. BAKER
Mrs. M. BANGAY
A. E. BELLAMY
Mrs. G. M. BOYFIELD
Mrs. A. FANCOURT
D. HORTON, M.B., Ch.B.,
M.R.C.S., L.R.C.P.
H. E. HOUGH
K. H. JENNINGS
Mrs. C. L. JACQUES

H. KNOWLES
Mrs. M. LARGE, M.A., B.Comm.
C. E. MARSHALL
T. W. MAWER
Mrs. A. S. MOTTERSHAW
Mrs. N. ROBSON
E. A. SKINNS
J. H. W. TAYLOR
G. E. WALTHAM
J. E. SNEILL

Co-opted Members:

Mrs. T. H. N. BATTLE
Mrs. J. C. B. HARRISON

Mrs. A. E. MILLETT
Mrs. I. PICK

Representing Kesteven Local Medical and Panel Committee:

T. K. Brandreth, M.B., B.S.

Representing Kesteven Local Dental Committee:

F. H. WALLACE, L.D.S., R.C.S.(ENG).

PUBLIC HEALTH OFFICERS OF THE COUNTY COUNCIL

County Medical Officer of Health :

T. J. O'SULLIVAN, M.A., M.B., B.Ch., B.A.O., M.D., D.P.H., L.M.

Official Address : Public Health Department, County Offices, Sleaford.
Telephone : Sleaford 241.

Deputy County Medical Officer of Health :

IRENE F. BLAKENEY, M.R.C.S., L.R.C.P., M.B., B.S., D.P.H., D.C.H.

Senior Medical Officer :

E. A. WHITELEY, M.B., Ch.B.

Assistant County Medical Officers, School Medical Officers and Assistant Medical Officers for Maternity and Child Welfare (part-time).

E. I. BLENKINSOP, M.B., B.S., D.P.H.

C. W. SHEARER, M.B., Ch.B., D.P.H.

H. ELLIS-SMITH, M.B., B.Ch., B.A.O., D.P.H.

Consultant Chest Physicians :

H. G. H. BUTCHER, B.A., L.R.C.P., M.R.C.S., D.P.H.

G. B. ROYCE, B.S., M.B., Ch.B.

(Joint appointments with R.E.B.s)

Consultant Staff :

The part-time services of the following consultants have been made available during the year to this Authority by arrangement with the East Anglian and Sheffield Regional Hospital Boards :

Orthopaedic Surgeons :

J. P. JACKSON, F.R.C.S., M.R.C.S., L.R.C.P.

NOEL J. SMITH, B.A., M.B., B.Ch., B.A.O., F.R.C.S.I.

Ophthalmic Surgeons :

G. M. BARLING, M.B., Ch.B., D.O.M.S.

A. H. BRIGGS, M.Sc., M.B., Ch.B., D.O.M.S.

S. P. REDMOND, M.B., B.Ch., B.A.O., D.O.M.S.

B. A. CHAUDHARY, M.B., B.S., D.T.M.&H.; D.O. (Commenced 21.10.63.)

Ear, Nose and Throat Surgeons :

G. W. MOREY, M.B., B.S., D.L.O.

A. A. FINLAYSON, M.B., Ch.B., F.R.C.S.

M. SPENCER HARRISON, M.D., F.R.C.S., F.R.C.P.

Dermatologists :

D. I. McCALLUM, M.B., Ch.B., M.R.C.P., D.P.H.

E. C. RITTER, M.B., Ch.B., M.R.C.P.

Senior Dental Surgeon :

J. E. MANN, L.D.S., R.C.S.

Dental Surgeons :

3 Whole-time vacancies

Public Analyst (part-time)

E. R. W. FOGDEN, B.Sc., F.R.I.C.

County Nursing Superintendent :

Non-Medical Supervisor of Midwives :

Miss L. DICK, S.R.N., S.C.M., H.V.Cert.

Assistant County Nursing Superintendent :

Miss M. C. EDWARDS, S.R.N., S.C.M., H.V. Cert.

County Health Visitors :-

Mrs. M. E. BINDON, S.R.N., S.C.M.
Miss O. A. BROOKS, S.R.N., S.C.M., H.V.Cert.
Mrs. F. H. COCK, S.R.N., S.C.M., H.V.Cert.
Miss M. A. DANIELS, S.R.N., S.C.M., S.R.F.N., H.V. Cert.
Mrs. D. E. EDGELL, S.R.N., S.C.M., H.V.Cert.
Miss M. A. HETHERINGTON, S.R.N., S.C.M., H.V.Cert.
Mrs. E. HOLLAND, S.R.N., S.C.M., H.V.Cert.
Miss M. PHILLIPS, S.R.N., S.C.M., S.R.F.N., H.V.Cert.
Mrs. M. M. TUCKER, S.R.N., H.V.Cert.
Miss E. M. WOOD, S.R.N., S.C.M., H.V.Cert. (Retired 31.12.63.)
Miss E. M. WRIGHT, S.R.N., S.C.M., H.V.Cert. (Resigned 31.12.63.)
Also 24 District Nurse/Midwives act as part-time Health Visitors.

Physiotherapists :

Miss E. A. PECK, S.R.N., M.C.S.P.
Miss S. G. HARDY, M.C.S.P.

Speech Therapists :

Mrs. M. E. WATSON, L.C.S.T.
Miss H. A. SMITH, L.C.S.T. (Commenced 9.9.63.)

County Health Inspector :

J. F. LOFTHOUSE, M.R.S.H., M.I.P.H.E., M.A.P.H.I.

Home Help Organiser :

Mrs. D. JONES

Matron, St. Catherine's Road Day Nursery, Grantham :

Mrs. M. E. HIND, S.R.F.N.

Non-Medical Staff - Mental Health Services :-

Senior Mental Welfare Officer :

N. A. CLARKE, A.I.S.W.

Mental Welfare Officers :

W. HOLMES, A.I.S.W.
D. WRAY
Miss W. PICKERING

Mental Welfare Assistant :

R. G. BOYFIELD

Sandon School (Junior Training Centre) Grantham :

Supervisor - Mrs. E. F. M. SURRIDGE.

Chief Clerk :

W. S. DENCH

Assistant Chief Clerk :

A. COLLEY

Ambulance Officer :

H. SANDS

DISTRICT MEDICAL OFFICERS OF HEALTH AND PUBLIC HEALTH INSPECTORS

District	Medical Officer of Health (all part-time appointments)	Chief Public Health Inspector
Borough of Grantham	C. W. Shearer, M.B., Ch.B., D.P.H.	C. Taylor, M.A.P.H.I.
Borough of Stamford	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	L. J. Roll, A.R.S.H. Cert. S.I.B.
Urban District of Sleaford	E. I. Blenkinsop, M.B., B.S., D.P.H.	T. E. Dagwell, M.R.S.H., M.A.P.H.I.
Urban District of Bourne	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	N. Buckle, A.R.S.H.
Rural District of North Kesteven	E. I. Blenkinsop, M.B., B.S., D.P.H.	J. Freeman, M.I.Mun.E., M.R.S.H., M.A.P.H.I.
Rural District of East Kesteven	E. I. Blenkinsop, M.B., B.S., D.P.H.	J. A. Saville, M.A.P.H.I., M.R.I.P.H.H.
Rural District of South Kesteven	H. Ellis-Smith, M.B., B.Ch., B.A.O., D.P.H.	W. A. Chivers, M.R.S.H., M.A.P.H.I.
Rural District of West Kesteven	C. W. Shearer, M.B., Ch.B., D.P.H.	M. F. Johnson, M.A.P.H.I., C.R.S.H.

FOREWORD

To the Chairman, Aldermen and Members of the Kesteven County Council

Mr. Chairman, My Lord, Ladies and Gentlemen,

I have pleasure in presenting my Annual Report as County Medical Officer of Health for the year 1963.

The general health of the County remained good. The number of live births was 2,638, giving a birth rate per thousand population of 18.64, compared with 18.2 for England and Wales. The number of deaths was 1,672, giving a death rate of 11.22, compared with 12.2 for England and Wales. About 50% of deaths in the County were caused by cancer and heart disease. The number of deaths from bronchitis continues to increase; this was 85, compared with 63 for 1962.

The report contains details of the various branches of the service and the work undertaken is dealt with in the various sections.

MENTAL HEALTH SERVICES

These services continue to expand. The opening of Sandon School (Junior Training Centre) has been a great delight and satisfaction to the parents of mentally subnormal children. Very favourable comments have been made by visitors to the school on the structure and layout of this Centre. It is pleasing to note that 60% of the adult subnormals in the County are employed in industry. In Kesteven it has always been a tradition to employ subnormals in agriculture and ancillary industries. The careful assessment of subnormals is most important before placing them in employment.

HOME HELP SERVICE

The Home Help Service continues to play an important role in community care. Many old people are helped through this service to maintain their independence in their own homes. The "Good Neighbour" Service has been very well received and has now been extended to cover the whole of the County. The "good neighbour" is now a member of the community health team.

INFANT WELFARE CENTRES

Attendance at these centres continued to increase and a number of new Centres (4) were started during the year. The attendance of mothers provides the ideal opportunity for health education and full advantage is taken of this by the nurses and medical officers who attend the Centres. I would once again like to thank the voluntary workers for the important duties they undertake at the Centres. I am also indebted to the voluntary workers associated with other branches of our health services for the very valuable help they give.

I would like to express to the Chairman and Vice-Chairman of the Health Committee my appreciation of their advice and support, and I would also like to thank the members of the Health Committee for their kindness and consideration during the year. Also I would like to pay a special tribute to the members of the Health Department staff for the valuable service they have rendered during the year. I am also grateful to the family doctors and hospital staffs for their understanding and co-operation.

T. J. O'SULLIVAN

Public Health Department,
County Offices,
SLEAFORD,
Lincs.

S T A T I S T I C S A N D S O C I A L C O N D I T I O N S

GENERAL STATISTICS

Area of Administrative County (in acres)	..	..	..	..	..	462,100
Population :						
Census 1921	..	..	..	..	..	108,237
Census 1931	..	..	..	..	..	110,360
Census 1951	..	..	..	..	..	130,717
Census 1961	..	..	..	..	..	134,842
Registrar General's estimate, 1963	..	..	..	..	..	141,540
Number of inhabited houses (Census 1921)	..	..	..	..	..	25,456
(Census 1931)	..	..	..	..	..	27,590
(Census 1951)	..	..	..	..	..	35,080
(Census 1961)	..	..	..	..	..	41,770
Number of families or separate occupiers (Census 1921)	..	..	..	..	..	25,823
(Census 1931)	..	..	..	..	..	27,845
(Census 1951)	..	..	..	..	..	35,662
(Census 1961)	..	..	..	..	..	41,921
Rateable Value (1st April, 1963)	..	..	..	..	..	£3,483,341
Estimated product of a penny rate, 1963/64	..	..	..	..	..	£14,728

EXTRACTS FROM VITAL STATISTICS FOR THE YEAR 1963

NOTE : Birth and Death Rates :

As the age and sex distribution of the population in different areas materially affects both the Birth and Death Rates of these areas, comparability factors allowing for this are issued by the Registrar General for each Local Government Unit. These factors may be used for calculating what are termed in this Report as "Nett" rates and fairer comparisons are obtained if the latter are used when comparing rates with those of any other area (when these have been similarly adjusted) or with the rates for the Country as a whole.

These factors for Births and Deaths in respect of Kesteven are 1.00 and 0.95 respectively. The corresponding figure when multiplied by the Crude rate (that is, for Births or Deaths as the case may be) will give the Nett Rate.

Live Births :

						<u>Males</u>	<u>Females</u>	<u>Totals</u>
Total	..	..	..	..	..	1,353	1,285	2,638
Legitimate	..	..	..	..	..	1,300	1,218	2,518
Illegitimate	..	..	..	..	..	53	67	120

Live Birth Rate per 1,000 Population :

Crude	..	..	..	..	..	..	..	18.64
Nett	..	..	..	..	..	..	..	18.64
Rate for England and Wales	..	..	..	..	..	..	..	18.2

Illegitimate Live Births per cent of total live births 4.55

Still-Births :

						<u>Males</u>	<u>Females</u>	<u>Totals</u>
Total	..	..	..	..	..	25	15	40
Legitimate	..	..	..	..	..	23	14	37
Illegitimate	..	..	..	..	..	2	1	3

Still-birth Rate per 1,000 Live and Still-births 14.94
Rate for England and Wales 17.3

	<u>Males</u>	<u>Females</u>	<u>Totals</u>
Total Live and Still-births	1,378	1,300	2,678
Infant Deaths (i.e. under 1 year))			
Total	26	20	46
Legitimate	25	19	44
Illegitimate	1	1	2
Infant Mortality Rate per 1,000 Live Births			
Total .. .. .	..	..	17.44
Legitimate (per 1,000 legitimate live births)	..	..	17.47
Illegitimate (per 1,000 illegitimate live births)	..	..	16.67
Deaths of Infants under 4 weeks .. .. .	..	..	33
Neo-Natal Mortality Rate (deaths under 4 weeks per 1,000 total live births) .. .. .	..	..	12.31
Deaths of Infants under 1 week .. .. .	..	..	29
Early Neo-Natal Mortality Rate (deaths under 1 week per 1,000 total live births) .. .. .	..	..	10.99
Perinatal Mortality Rate (still-births and deaths under 1 week combined per 1,000 total live and still-births)	..	..	25.77
Maternal Deaths (including abortion) .. .. .	..	..	NIL
Maternal Mortality Rate per 1,000 Live and Still-births	..	..	NIL

BIRTHS

The Live Birth Rate of 18.64 per thousand of the estimated population was higher by 0.84 than that of the previous year. The number of live births belonging to the Administrative County was 2,638 (1,353 males and 1,285 females) - compared with 2,497 (1,310 males and 1,187 females) in 1962.

The 120 illegitimate live births - representing 4.55 per cent of the total - showed an increase of 0.5 on the figure for the previous year, when there were 101 (4.05 per cent. of the total) such births.

The number of Still-births, 40, was lower than last year and the Still-birth Rate, 14.94 was much lower than the average for the previous ten years.

The following Table, which gives comparative statistics relating to births in the Administrative County since 1950 is of interest :-

Year	LIVE BIRTHS				STILLBIRTHS	
	Legit- imate	Illegi- timate	Total Total	Rate (per 1,000 pop.)	No.	Rate (per 1,000 Total births)
1950	2,058	121	2,179	16.78	48	21.5
1951	2,073	98	2,171	16.36	42	19.0
1952	1,993	102	2,095	15.56	52	24.2
1953	2,044	101	2,145	16.16	54	24.6
1954	1,990	107	2,097	16.16	51	23.7
1955	1,949	92	2,041	15.70	53	25.3
1956	2,032	96	2,128	16.12	54	24.7
1957	2,054	87	2,141	16.05	50	22.8
1958	2,101	87	2,188	16.39	43	19.3
1959	2,135	85	2,220	16.64	53	23.3
1960	2,257	89	2,346	17.35	40	16.7
1961	2,236	81	2,317	16.81	34	14.4
1962	2,396	101	2,497	17.80	54	21.2
1963	2,518	120	2,638	18.64	40	14.9

The number of births notified in the County under Section 203 of the Public Health Act, 1936, as adjusted by any transferred notifications, was 2,634 live births and 41 still births.

Details of births in each of the 8 County Districts will be found in Table 1 on page 56.

DEATHS

Details of deaths now supplied by the Registrar General are classified under the 36 headings based on the Abbreviated List of the International Statistical Classification of Diseases, Injuries and Causes of Death, 1948, which has superseded the Abridged List of the International List of Causes of Death, 1938, in use from 1940 to 1949.

CHIEF CAUSES OF DEATH :- The following is a statement of the chief causes of death compiled from the Registrar General's returns for the year :-

Cause of Death	No. of Deaths	Rate per 1,000 of est. pop. Kesteven
1. Coronary Disease, Angina	281	1.99
2. Other Heart Diseases	244	1.72
3. Vascular Lesions of Nervous System	241	1.70
4. Other defined and ill-defined diseases	148	1.05
5. Other Malignant and Lymphatic Neoplasms	128	0.90
6. Pneumonia	101	0.71
7. Other Circulatory Disease	90	0.64
8. Bronchitis	85	0.60
9. Malignant Neoplasm, Lung, Bronchus	61	0.43
10. Malignant Neoplasm, Stomach	38	0.27
11. Accidents (other than motor vehicle)	31	0.22
12. Motor Vehicle Accidents	30	0.21
13. Malignant Neoplasm, Breast	25	0.18
14. Hypertension with Heart Disease	24	0.17

The Crude Death Rate from all causes for the County was 11.81 per thousand of the estimated population, while the Nett Rate was 11.22 compared with 11.09 the previous year. The rate for England and Wales was 12.2. The number of deaths, which include those of members of the armed forces stationed in the area was 1,672 (865 males and 807 females), the figures for 1962 were 1,639 (824 and 815 respectively). The proportion of deaths over 65 years of age was 72.61 per cent in the year under review, as compared with 73.15 per cent in 1962, 71.67 per cent in 1961, 71.3 per cent in 1960 and 73.0 per cent in 1959.

There were 46 deaths of infants under one year, representing an Infant Mortality Rate of 17.44 per thousand live births. The rate for England and Wales was 20.9.

There were no deaths from maternal causes during 1963. The maternal mortality rate for the country as a whole was 0.28.

Deaths from Respiratory Tuberculosis amounted to 7, giving a rate of 0.05 deaths per thousand of the estimated population.

The following Table shows the number of deaths and rates during the past 10 years :-

YEAR	DEATHS (All Causes)		DEATHS (Infants under 1 year)		DEATHS (Maternal Causes)	
	No.	Rate	No.	Rate	No.	Rate
1954	1,551	11.95	51	24.32	1	0.46
1955	1,607	12.36	53	25.97	0	0.00
1956	1,630	12.35	60	28.19	1	0.46
1957	1,571	11.78	44	20.55	0	0.00
1958	1,543	11.56	45	20.57	2	0.90
1959	1,505	11.28	38	17.12	0	0.00
1960	1,559	11.53	48	20.46	0	0.00
1961	1,560	11.32	44	18.99	1	0.42
1962	1,639	11.68	50	20.02	0	0.00
1963	1,672	11.81	46	17.44	0	0.00

The deaths registered under Heart Disease during 1963 numbered 549. Reference to the Chief Causes of Death show that this remains the principal cause. The death rate per 1,000 of the estimated population at 3.9 was 0.1 lower than in 1962. The following is a statement of fatalities from Heart Disease during the years 1950 to 1963 :-

Year	No. of Deaths	Crude Death Rate per 1,000 of estimated population	Percentage of total Deaths from all causes
1950	451	3.47	31.0
1951	486	3.67	33.9
1952	423	3.14	31.9
1953	510	3.84	33.2
1954	592	4.56	38.2
1955	574	4.41	35.7
1956	621	4.70	38.1
1957	579	4.34	36.8
1958	537	4.02	34.8
1959	514	3.85	34.1
1960	565	4.18	36.2
1961	520	3.77	33.3
1962	566	4.03	34.5
1963	549	3.88	32.8

Further information regarding the causes of death, etc., will be found on page 57 and in Table III (inset).

DEVELOPMENT OF LOCAL AUTHORITYHEALTH SERVICES

Reference to my report for 1962 will show that mention was made of the Minister of Health's request early that year to local health authorities and welfare authorities to review their services and to prepare and to submit to him their plans for developing them over the ensuing ten years. I mentioned in my report that after full discussion with the various other regional and local authorities concerned, our plan was formulated, accepted by the County Council and forwarded to the Minister by the specified date. There followed a brief resumé in general terms of the proposals covered by the plan which were to be subject to review annually.

The plans of all the local health and welfare authorities in the County were summarised by the Ministry of Health in Command Paper 1973, entitled "Health and Welfare - The Development of Community Care". In a covering circular (No. 6/63) authorities were asked to look at their own plans afresh in the light of the analyses contained in the Command Paper and to inform the Minister by the end of the year of any changes they proposed making in the plans already submitted to him, at the same time carrying them forward a further two years to take them up to 1974. A special Sub-Committee was appointed by the Health Committee for this purpose. The Sub-Committee noted in particular :-

- (i) the difficulty in obtaining dental officers and health visitors.
- (ii) that various developments in the ambulance service at national level would no doubt make it necessary for special consideration to be given later to the future structure and staffing of the service.
- (iii) that difficulty was being experienced in the recruitment of home helps in the villages but that this was to some extent being alleviated now that the Good Neighbour scheme was getting under way.

So far as building projects were concerned it was necessary, owing to the urgent need for more places, to make an addition to the plan by including provision in 1963/64 of extensions to the purpose built centre at Grantham. Otherwise, apart from some re-arrangements of the timing of projects, there were no changes in the plan.

Where staff are concerned, future needs are generally difficult to estimate and the Sub-Committee kept an open mind on the subject and left the plan unaltered except that an additional mental welfare officer was authorised with effect from April, 1964. The need particularly for increased prevention and after-care work among the mentally ill made this necessary.

In my report for last year, I mentioned the valuable voluntary work that was being done both individually and co-operatively to supplement the County Council's activities in the local health field. Special reference was made to the part played by the Community Council of Kesteven in arranging meetings between representatives of the Health and Welfare departments on the one side and the local voluntary organisations on the other, and as a result, the setting up of a Clearing Committee whose duty it would be to get the maximum effective co-operation between the voluntary services themselves and between the voluntary services and the Local Authority. The Council had started a pilot scheme under which village representatives were appointed to liaise between the Clearing Committee and the people in the community. To encourage these efforts, the Health Committee agreed to the payment of a grant to the Community Council to cover actual out-of-pocket expenses incurred by the village representatives during the trial period.

Major W. B. O. Prosser, M.C., the Secretary of the Community Council, has kindly submitted the following report on the scheme :-

"The work of the Clearing Committee, which was set up last year and has as its members the County Medical Officer and the County Welfare Officer and Senior Representatives of seven voluntary organisations, is continuing. The establishment of community representatives is proving to be more difficult than was anticipated. This is chiefly due to the fact that the Committee consider it essential that the Community

Representative must be the right person in the right position. On the Community Representative depends the success or failure of the whole scheme as affecting a particular village, for he or she must be in a position of confidence to get information on the individual needs of people and having got this information, know how to act on it. The people most likely to be affected are the lonely, the elderly, the frail, the physically and the mentally handicapped.

"Not all problems dealing with social care of these categories can possibly be covered either by the statutory authority or by voluntary organisations working independently - working together the problems become less difficult. Where illness or disability cannot be forestalled by preventive measures, care at home and in the community rather than hospitals should be the aim and it is here that the maximum help is to be directed.

"Community representatives are established, or will shortly be established in three of the larger villages in the north-eastern part of the county and plans are now being made to extend this scheme to cover selected villages in other parts of the county.

"This scheme in theory was commended very highly by the Chief Welfare Officer of the Ministry of Health. It has been commended by other authorities and voluntary organisations both within the county and at national level.

"This commendation of the theory by the administrators now is turning into commendation of the practical application by the villages.

"The Committee has to face the problem of overcoming the distrust which the people of a village naturally feel when they think that an organisation is being set up to pry into their private affairs. The only way to overcome this distrust is by example.

"This must be a slow process but when success has been gained and practical examples shown then it is felt that other villages will feel the need for this service.

"When sufficient community representatives have been established it is hoped to run a series of training courses which will help them in their work.

C A R E O F M O T H E R S A N D Y O U N G C H I L D R E N

INFANT WELFARE CENTRES :

Fifty-five centres were maintained by the Council at the end of the year. Four new centres were taken over during the year, these are at Canwick, Dry Doddington, St. Hugh's Church Hall, North Hykeham and Norton Disney. Five of the centres are held at County Council clinic premises and fifty at rented premises such as village halls, church halls, etc.

The majority of our centres are run with the aid of voluntary committees and helpers, and I would again express my thanks and the thanks of the Health Committee to them for their continued interest and work.

The total attendances and the number of individual children who attended the centres show an increase over the figures reported for 1962. Full details of each centre, showing the days when they are open, attendances during 1963, etc. appear in Table IV on page 59.

Total Attendances :-

Children born in 1963	..	..	..	..	13,443
Children born in 1962	..	..	..	..	12,467
Children born in 1958-1961	..	..	..	..	8,425
					<hr/>
					34,335
					<hr/>

Number of individual children who attended :-

Born in 1963	..	..	..	..	..	..	1,835
Born in 1962	..	..	..	..	..	..	1,487
Born in 1958-61	..	..	..	..	..	..	1,636
							<hr/> 4,958 <hr/>

Number of consultations with medical staff : 7,139

Comparative figures for the last five years are given below :-

Year	Individual Children who attended I.W.C.s	Total Attendances	Consultations with M.O.
1959	4,363	30,004	7,364
1960	4,470	30,492	6,706
1961	4,461	30,651	6,738
1962	4,458	30,719	5,845
1963	4,958	34,335	7,139

In addition, there are eleven "unofficial" centres, eight in villages and three at Royal Air Force stations. These centres are organised on an informal basis by district nurses and other interested persons, and during 1963, 3,272 attendances were recorded.

CONSULTANT SERVICES

The specialist service arrangements were as outlined in my earlier reports. Brief details of the services available, together with particulars of the pre-school children seen under these arrangements are given below.

Ophthalmic

Clinic	Errors of Refraction		Other Eye Defects		Glasses Prescribed	
	New Cases	Re- inspec- tions	New Cases	Re- inspec- tions	New Cases	Re- inspec- tions
Grantham	24	22	9	5	15	8
Stamford	3	2	-	-	2	-
Sleaford	25	16	2	2	6	4
Bourne	7	3	-	-	2	3
Lincoln	12	22	-	-	5	9
TOTALS	71	65	11	7	30	24

All the clinics referred to above, with the exception of that at Lincoln, are held at County Council premises. The clinic at Lincoln to which cases from the north of the County are referred is a special clinic for children and is held at the County Hospital.

Orthopaedic

Specialist clinics continued to be held at the Authority's premises at Grantham and Sleaford and 63 pre-school children (including 29 new cases) were seen by the Surgeons in attendance who held 147 consultations. In addition, 2 cases were referred to orthopaedic out-patient departments at local hospitals. Regular treatment sessions for massage, remedial exercises, ultra-violet light, etc., were held at the County Council's clinics at Grantham, Sleaford, Stamford and Bourne by the Council's physiotherapy staff who dealt with 63 pre-school children; these children made 1,175 attendances.

Ear, Nose and Throat

Five children of pre-school age were seen as new cases by Mr. G. W. Morey at our Grantham and Sleaford Clinics. Four of these children were found to need operative treatment for enlarged tonsils or adenoids, and the fifth required hospital treatment for sinusitis.

The majority of our suspected deaf or partially hearing cases are referred to the Lincoln County Hospital Audiology Clinic with which we have a very satisfactory working arrangement.

Paediatric

With the approval of their respective family doctors, a number of children were referred to the paediatricians at local hospitals. Copies of the reports on their findings are received and follow-up visits by health visitors arranged where required.

SPEECH THERAPY :

Thirty-eight children were seen by Mrs. Watson and Miss Smith, our two Speech Therapists, at the County Council's clinics.

DENTAL TREATMENT :

There was no change in the staffing situation during the year under review. With a full establishment of dental officers, each officer would devote some of his time to the treatment of expectant and nursing mothers and pre-school children. In existing circumstances, treatment of the priority classes is in the main limited to emergency treatment and the relief of pain.

At Waddington Royal Air Force Station, the Dental Officer, Flt. Lt. R. A. Cheek, continues to carry out on behalf of the County Council, treatment for the priority classes in his off duty hours.

Particulars of cases dealt with during the year are as follows :-

(a) Numbers provided with dental care :-

	Examined	No. who commenced treatment during the year	No. of courses of treatment completed during the year
Expectant and Nursing Mothers	34 (39)	24 (35)	22 (21)
Children under five	71 (62)	55 (61)	46 (55)

(b) Forms of dental treatment provided :-

	Scalings and Gum Treatment	Fillings	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures Provided		Radiographs
							Full Upper or Lower	Partial Upper or Lower	
Expectant and Nursing Mothers	35 (-)	160 (55)	- (-)	- (-)	61 (43)	5 (-)	6 (-)	8 (-)	- (-)
Children under five	- (-)	2 (12)	- (-)	- (-)	78 (105)	37 (45)	- (-)	- (-)	- (-)

Figures in parenthesis refer to 1962.

FAMILY PLANNING

The two clinics in the County - at Grantham and Stamford - run by the Family Planning Association continued to be well attended. A small grant is paid to the Association by the County Council to assist with running expenses at these clinics.

Clinics at Lincoln and Boston serve mothers from our northern and eastern areas respectively, so grants are also made to them.

INSTITUTIONAL PROVISION FOR MOTHERS AND CHILDREN

Reports on the circumstances of 239 expectant mothers referred for maternity beds on social grounds were submitted to the appropriate hospital authorities.

Arrangements were also made for 5 children under 5 years of age to receive hospital in-patient treatment for nose and throat conditions.

PREMATURE INFANTS

During the year under review there were 156 live births assignable to this County of infants notified as weighing $5\frac{1}{2}$ lbs. or less at birth; 137 of these survived at least 28 days.

Twenty-three of the babies in the premature category were born at home or in a nursing home, and of these, 6 were transferred to hospital on or before the 28th day. Two of these babies died between the 7th and 28th day of life.

There were 29 premature stillbirths during the year of which 27 occurred in hospitals and 2 at domiciliary confinements.

PHENYLKETONURIA

This condition is known to be a cause of mental deficiency, and the incidence is stated to be about 1 in 20,000. Phenylketonuria can be detected in the urine of a baby during the early months of life by a very simple test, and routine testing of infants between 4 and 6 weeks of age for the condition has been carried out by our Health Visitors since April, 1962.

In Circular CMO 9/63, the Chief Medical Officer, Ministry of Health, drew attention to a number of points made by a special Committee in connection with the early treatment and diagnosis of phenylketonuria, included in which was a recommendation that all children should be tested about the 10th - 14th day as well as between the fourth and sixth week. In 1963, 1,566 infants were tested by our Health Visitors and I am pleased to report that none of these tests produced a positive reaction.

CONGENITAL ABNORMALITIES

In my Report for 1962, I outlined the measures which medical officers of health of local health authorities had been asked to take to assist the Ministry of Health in the collection of information about babies born alive with congenital deformities in 1960, 1961 and up to the 31st August, 1962. In a letter CMO 2/63 dated 16th January, 1963, to medical officers of health of local health authorities, the Chief Medical Officer, Ministry of Health, intimated that arrangements for continuing the collection of information about congenital abnormalities were in hand, but that the details of a suitable scheme would take some time to work out. In the meantime, it was suggested that medical officers of health might consider arranging a simple scheme for reporting defects noticed at birth, which would enable a register of such defects to be set up. To put this suggestion into effect in Kesteven, the matrons of the Grantham, Nocton R.A.F. and Stamford hospitals and the Sleaford Maternity Home were asked to request their midwives to give details of any congenital defects observed, when notifying each birth, and our own midwives were given a similar instruction. At the same time it was confirmed with neighbouring local health authorities who have maternity units in their areas taking patients from Kesteven that information received by them of congenital abnormalities occurring in children of parents from Kesteven would be forwarded to us as and when received.

A further letter on this matter was received from the Chief Medical Officer, Ministry of Health, in November, 1963, giving details of a national scheme which had been devised for the reporting of congenital defects at birth, to operate from the 1st January, 1964. The successful operation of the scheme will depend on information being sent to the medical officer of health by the doctor or midwife notifying a live or stillbirth of any malformation of the child observable at birth, described as accurately as possible at the time. The medical officer of health will then complete and return to the General Register Officer a standard form about every child in his area in whose case he has received details of malformation observed at birth. The object of this scheme is not to maintain a central record of individual cases, but to compile statistical information from which it should be possible to detect any national or regional changes in the pattern. The local health authority will, however, be able to compile its own record of children with congenital malformations and bring to bear all available help in each child's care and upbringing.

CARE OF UNMARRIED MOTHERS

The number of illegitimate live births assignable to the County in 1963 was 120, representing 4.5 per cent of the total live births recorded; comparative figures for 1962 were 101 and 4.0 per cent respectively.

The Council's arrangements for assisting unmarried mothers followed the pattern established in previous years. There are always some unmarried expectant mothers who have their babies at home, go away to a sympathetic relative or friend, or whose family doctor arranges a hospital confinement, and in these instances our health visiting and nursing staff give such help and advice as is within their scope. The greater part of this work, however, is carried out under the Council's arrangements with the Lincoln Diocesan Board for Social Work, whose caseworkers undertake domiciliary investigations and arrange, where necessary, for the girls and young women to be admitted to suitable homes. The County Council is one of five local health authorities making an annual grant to the Board towards the cost of maintaining this valuable work.

In 1963, the Board's caseworkers in Kesteven dealt with 122 cases concerning unmarried parents and illegitimate children. Seventy-nine of these were new cases occurring during the year and 43 were cases continued from 1962.

The organising Secretary for the Board, in speaking in her report for 1963 of casework in the Board's area says, "The total case load is slightly lower than last year, but the number of new referrals higher; in particular the unmarried parent category shows an increase in 1963. The total number of 'family problems' is not high, but represents a considerable amount of case work over a long period with families with whom contact was originally established through a specific need, but which proved to call for continuous supportive help with problems of relationships.

"From the more detailed records kept by the caseworkers, some interesting facts emerge. For instance, for the first time the age of sixteen ties with that of seventeen for the greatest number of new referrals, 54 girls in each age group. This is known to be in keeping with the overall national picture, but contrary to popular supposition; most of these are not the result of casual or promiscuous relationships but of stable if immature friendships. It is not difficult to imagine the traumatic effect on adolescents of illegitimate pregnancy, with its attendant miseries, when it springs from a sincere if immature love which in itself is then marred and distorted by the consequences of the very act which expresses it.

"Another popular misconception is that "so many of these girls (a deplorable phrase most of us are guilty of using at times, categorizing human individuals, each with innate dignity) go on having more babies and getting rid of them". In 1963 out of 405 new illegitimacy cases 31 only were second or subsequent pregnancies. Three of these babies died, 20 of the mothers remained responsible for the first child, only 7 had the first child adopted and of these only three wished for the adoption of the second child. In examining the family background of these 31 women it was discovered that only 4 came from homes which could be described as tolerably good, the rest from 'fair' to 'bad' or 'broken' homes. Only 6 were living in reasonable housing conditions, 10 in poorish, 12 in very poor. On a general estimate of intelligence none was of high or good average, fourteen were medium to low average, fifteen of very low average and two ascertained sub-normal. In colloquial terms, the odds were very heavy against their achievement of a socially acceptable pattern of life and they just didn't make it. The need here is for concern and care and not for judgement."

During the year the County Council undertook financial responsibility for the maintenance of four unmarried expectant mothers during their stay at the Board's Maternity Home (The Quarry) at Lincoln, and for thirteen others who were admitted to similar homes elsewhere.

A small annual grant is also made by the County Council to the National Council for the Unmarried Mother and Her Child, in recognition of the useful work they undertake in co-ordinating and assisting all the services for unmarried mothers.

PROVISION OF MATERNITY OUTFITS

These outfits which are purchased centrally are supplied through convenient distribution points to all the Council's domiciliary midwives for free distribution as necessary. Virtually all domiciliary cases now take advantage of this facility.

MATERNITY SERVICES

The arrangements as outlined in my Report for 1961 for holding weekly mothercraft and relaxation classes in the five main centres of population in the County continued unchanged.

Details of attendances at these classes compared with those for the previous year (given in brackets) are as follows :-

				<u>Mothers attending</u>	<u>Attendances</u>
Stamford	..	..	..	85 (81)	704 (698)
Grantham	..	..	..	77 (104)	353 (454)
Sleaford	..	..	..	59 (57)	372 (410)
Bourne	..	..	..	49 (25)	265 (175)
North Hykeham	..	..	..	43 (37)	275 (259)
Totals	..	..	..	313 (304)	1969 (1996)

ANTE AND POST-NATAL CLINICS

No ante-natal clinics are held at County Council premises, but at doctors' surgeries. Where it is difficult for expectant mothers to attend surgeries, the district nurse/midwife is usually able to help by providing transport. In the more isolated areas the ante-natal examination takes place at home, the doctor being accompanied by the district nurse. Regular examinations and discussions are held in the home by the district nurse/midwives. Post-natal clinics are also held at doctors' surgeries with the district nurse/midwife in attendance.

PERINATAL MORTALITY

Included in the Annual Report for 1958 were details of a survey carried out under the auspices of the National Birthday Trust Fund during March, April and May of that year, in which all local health authorities were asked to participate. The object of the Survey was to obtain information from which it was hoped to make possible a reduction in still-births and neo-natal deaths (i.e. deaths of babies up to one month old) which account for some 30,000 deaths yearly. This Survey resulted in the publication in the autumn of 1963, of "The First Report of the British Perinatal Mortality Survey", by Neville R. Butler, M.D., M.R.C.P., D.C.H. Director of the Survey and Dennis G. Bonham, M.A., F.R.C.S., M.R.C.O.G., Obstetrician to the Survey, and the "Report of the Maternity Services Informal Committee". These Reports clearly indicate that in spite of the rapid advances in obstetrics and paediatric knowledge and skill, and the availability of new drugs and equipment during recent years, there has been insufficient improvement in the rate of perinatal mortality. Both reports deal with many factors which are believed to contribute to this situation, and recommendations are made as to means of effecting improvements.

At the time of writing this report, we are carrying out, with the kind co-operation of family doctors and hospital authorities, a local survey in which we are attempting to discover what were the main factors contributing to infant mortality in Kesteven in 1963, when 40 babies were stillborn and 46 died before they were one year old. The work of completing the questionnaires and analysing the information will be lengthy; I hope, however, to be able to include full details of the survey and its conclusions in my Annual Report for 1964.

DAY NURSERY PROVISION

The County Council's Day Nursery at St. Catherine's Road, Grantham, provides accommodation for 15 children under 2 years of age and 25 children between 2 and 5 years. Priority of admission is granted to children from families which fall within the following categories :

- (a) where the mother is the sole wage-earner;
- (b) where there is sickness in the family or where there are home conditions likely to prejudice seriously the health of the child;
- (c) where, in exceptional circumstances, it appears that admission is desirable in the interests of the child.

Details of attendances, etc., throughout the year are given in the following table:-

	No. of Children on Register		Average daily attendance		No. of mothers whose children were on register	
	Under 2 years	Over 2 years	Under 2 years	Over 2 years	In whole-time employment	In part-time employment
January	18	29	11	17	39	5
February	15	30	5	10	37	6
March	18	28	8	19	38	5
April	16	32	9	23	41	6
May	17	32	12	23	37	7
June	18	33	12	25	38	8
July	18	33	11	24	38	8
August	18	34	10	21	40	6
September	18	30	13	24	37	6
October	18	28	14	25	36	5
November	15	31	11	23	35	4
December	16	30	10	23	36	5
Average for Year	17	31	10	21	37	6

The following interesting report on the work of the Nursery during 1963 has kindly been submitted by Mrs. M. E. Hind, the Matron :-

Training

"The Day Nursery continued to operate satisfactorily as a training school for the National Nursery Examination Board, in affiliation with the Nottingham County Council, and the two local Nursery Schools. The Principal of the Nursery Nurses Training Centre, Nottingham, visited the nursery periodically, and expressed appreciation of the progress that has been made in providing an interesting environment for both children and students.

"Three second year students were awarded N.N.E.B. Certificates, the fourth student resigned during her first year and was not replaced. Sixteen applicants were interviewed. Four were selected and commenced their training in September, 1963.

"Twenty-eight enquiries were made by girls from all parts of Kesteven concerning training in 1964. Invitations were extended to them to spend a day in the nursery, which the majority accepted and said they found it very beneficial.

Children

"With the exception of a few weeks at the beginning of the year, due to a mild epidemic of chicken pox, the number of attendances remained fairly stable.

"All children attending the Nursery were immunised against Diphtheria, Tetanus, Whooping-cough and Poliomyelitis. The majority of them have also been vaccinated against Smallpox.

"Eighty-two children's names were entered on the waiting-list for vacancies. Thirty-six children were admitted. Fourteen of these were from the priority group, i.e. mother sole wage earner, illness in family, etc. These children were admitted immediately and did not have to wait until a vacancy arose. One baby was found to be in need of care and attention and was transferred to the care of the Children's Department, via the District Health Visitor."

NURSERIES AND CHILD MINDERS REGULATION ACT, 1948.

At the beginning of the year there were in the County, four registered daily minders - authorised between them to provide a maximum of 27 places - and one private nursery registered to take a maximum of 20 children.

At the end of the year the position was as follows :-

4 daily minders providing 29 places
3 private nurseries providing 60 places

Daily minders and nurseries are under the regular supervision of the health visiting staff. The medical staff and County Health Inspector also visit as necessary.

WELFARE FOODS SERVICE

Four new centres were established during the year at new Infant Welfare Centres at Dry Doddington, St. Hugh's North Hykeham, Canwick and Norton Disney; this made a total of 69 distribution points in operation in the County at the end of the year.

Details of issues of Welfare Foods sold during 1963 and the comparative figures for the previous year are as follows :-

	National Dried Milk	Cod Liver Oil	Vitamin Tablets A & D	Orange Juice
1962	25,709	2,309	3,210	23,244
1963	21,984	2,166	3,222	25,784

In 1962, there was a drop in the sales of these commodities due to the introduction of increased charges by the Ministry of Health in June the previous year, but now the demand seems to have steadied somewhat.

I should again like to mention our appreciation of the valuable service given by over a hundred lady voluntary helpers throughout the County, who undertake the sale and distribution of both proprietary and National Welfare Foods at these centres and attend to the administrative duties this work entails.

M A T E R N I T Y A N D N U R S I N G H O M E S

There was no change during the year in the number of nursing homes registered with the County Council. One of the homes, however, having carried out the necessary improvements, was authorised to increase its number of beds by 9. The position, therefore, at the end of the year was 3 homes in operation providing a total of 37 beds.

Visits of inspection to these homes continued to be made periodically by the County Nursing Superintendent.

H E A L T H V I S I T I N G

The year began with a staff of 9 whole-time qualified health visitors out of an establishment of 14. During the year, one newly trained health visitor sponsored by the County Council and referred to in my Report for 1962, joined the staff of whole-time qualified health visitors. At the 31st December, 1963, we therefore had a staff of 10.

Advertisements for staff continue to be made and in the meantime some limited help with certain routine duties has been obtained by temporary appointments. These will be replaced as and when fully qualified staff become available.

At the end of the year, the number of nurse/midwives undertaking health visiting as part of their "combined duties" was 24, compared with 21 the previous year.

The following statistics relate to the home visiting undertaken by the Health Visiting staff during the year under review. Ineffective visits have been excluded :-

			<u>First Visits</u>	<u>Total Visits</u>
Children born in 1963	..	..	.. 2,669	7,559
Children born in 1962	..	..	.. 2,773	6,649
Children born in 1958-1961	..	..	.. 4,288	8,678
*Expectant mothers	..	..	.. 159	225
Tuberculous households	..	...	.. 187	343
Persons aged 65 or over	..	..	.. 682	4,172
Other cases (i.e. hospital discharges, infectious diseases, etc.)	..		190	764
			<u>Total Home Visits</u>	<u>28,390</u>

*excluding visits by District Nurse/Midwife/Health Visitors.

In addition to the above Health Visitors were in attendance at Infant Welfare Centres and Clinics, details of which appear in other sections of the Report.

On the whole, the health visitors are known personally to the family doctors, and by arrangement visit their surgeries at regular intervals for case discussions. Those holding joint appointments are more or less in daily contact with the doctors in their areas.

Cases due for discharge from hospital who need to be followed up by a health visitor are usually referred by the Almoner or Ward Sister to the County Nursing Superintendent who arranges accordingly.

M I D W I F E R Y A N D H O M E N U R S I N G

MIDWIFERY

The number of midwives who gave notice of intention to practise in the Authority's area during the year 1963 was 116, of whom :-

- 51 were domiciliary midwives employed by the County Council;
- 62 were employed by Hospital Management Committees;
- 3 were employed privately.

At the end of the year 48 domiciliary midwives were employed by the County Council.

The number of cases attended during the year were as follows :-

Midwives	Domiciliary Cases	Cases in Institutions	Total
(1) Employed by County Council	712	-	712
(2) Employed by Hospital Management Committees	-	2,214	2,214
TOTALS	712	2,214	2,926

The total number of confinements in the County, 2,926, was the highest since 1948 when the National Health Service Act came into force, and was 223 more than in 1962. The proportion of hospital confinements was 76%, slightly higher than that for the previous year (74%).

The large number of hospital confinements taking place gives rise to a need for a quicker turn-over of available beds, and an increased number of cases (567 compared with 502 in 1962 and 467 in 1961) were discharged home before the end of the minimum lying-in period of 10 days. These early discharges came under the subsequent care of our domiciliary midwives.

The increase in number of confinements naturally involved an increase in visits paid. These were 15,014 plus 8,107 ante-natal visits, giving a total of 23,121, compared with 22,137 in 1962. Miscarriages attended totalled 50, compared with 53 in 1962.

The number of cases in which medical aid was summoned by midwives under Section 14(1) of the Midwives Act, 1951, totalled 62 - all domiciliary.

Other notifications from midwives were received as follows :-

Still-births	..	..	..	..	..	23
Liability to be a source of infection	..				..	3
Deaths	..	..	..	..	..	2

The number of routine inspections of nurse/midwives carried out by the County Nursing Superintendent and her Assistant amounted to 43, plus 163 special visits.

ANALGESIA

Of the 48 midwives employed by the County Council at the end of the year, 47 were qualified to administer gas/air analgesia.

The extent to which one or other of the various forms of analgesia was administered by the Midwife or doctor in attendance at the domiciliary confinements was as follows, with the comparative figures for 1962 given in brackets :-

<u>Gas/Air</u>	<u>Trilene</u>	<u>Pethedine</u>
355(529)	178(19)	323(333)

The use of the gas/air method continues to decline whilst that of trilene continues to increase. It might be mentioned here that while in 1962 only three sets of trilene apparatus were in use by our domiciliary midwives, in 1963 a total of nine sets were in operation.

REFRESHER COURSES FOR MIDWIVES

During the year 7 of the County Council's district midwives and the Assistant County Nursing Superintendent attended an approved refresher course as required by the Rules of the Central Midwives Board.

PUPIL MIDWIVES

No midwifery pupils were available during the year from the Peterborough Maternity Hospital, under the joint scheme for Part II midwifery training.

PERSONAL MATERNITY RECORD CARDS

In May, 1963, it was agreed with the Executive Council and the Grantham and Peterborough Maternity Liaison Committees to introduce the standard co-operation record card prepared by the Ministry of Health for use between patient, doctor and midwife in the areas covered by the respective Committees.

In the case of the Lincoln Maternity Liaison Committee, which is concerned with the northern part of Kesteven, it was agreed to continue to use the record card introduced in 1961 and referred to in my Annual Report for 1962.

The main purpose of the card is to ensure that each member of the obstetric team is aware of the attention given by other members, and is issued by the first person attending the patient (generally at the first ante-natal visit). Each patient retains her own record card until the final post-natal examination, when it is passed to her own general practitioner for inclusion in her medical records.

HOME NURSING

The work of the District Nurses followed its usual pattern. Once again the number of visits paid by nurses to persons aged 65 or over has shown an appreciable increase. During the year, 1,478 persons aged 65 or over - 50% of all cases attended - received 33,982 visits - approximately two-thirds of all visits paid by the nurses. The proportion of the various types of cases seems to be fairly constant.

An analysis of the work undertaken during the year is as follows :-

<u>Type of Case</u>	<u>No. of Cases</u>	<u>No. of Visits</u>
Medical	1,794	35,290
Surgical	1,069	15,625
Infectious diseases	4	20
Tuberculosis	17	442
Maternal Complications	51	368
Others	11	115
TOTALS	2,946	51,860

TRAINING OF DISTRICT NURSES

As mentioned in my Annual Report for 1962, the newly drawn-up training scheme for Lincolnshire came into operation in January, 1962. Successful candidates obtain both the National Certificate and that issued by the Queen's Institute. It is pleasing to report that all five of Kesteven's nurses who attended a course during 1963 were successful in qualifying for the designation "Queen's Nurse".

GENERAL

Staff

Four nurse/midwives left during the year and were all replaced. At the 31st December, 1963, fifty nurse/midwives were actually employed - a full establishment.

Housing

One new house at North Hykeham, the fifteenth to be built by the County Council for its nurse /midwives was completed and occupied in September, 1963. During the year the Health Committee authorised the sale of a County Council owned bungalow to the occupying nurse.

At the 31st December, 1963 the position was that the County Council owned 17 houses, of which 15 had been specially built, and 2 purchased. In addition, the council rented 4 houses for nurses.

Transport

Three new cars were purchased in accordance with the replacement programme. Two old cars were sold by public tender and one was damaged to such an extent in an accident that the insurance company considered it to be beyond repair.

The total number of cars in the Nursing Service at the end of the year was :-

Owned by County Council	..	..	32
Owned by Nurses	..	..	24 (+ 1 auto-cycle)
			<u>56</u>

V A C C I N A T I O N A N D I M M U N I S A T I O N

The Council's Scheme for Vaccination against Smallpox under Section 26 of the National Health Service Act as set out in the Annual Reports for 1948 and 1955 continued to operate without change. The Scheme for Diphtheria Immunisation continued as outlined in my Report for 1961, when the use of combined antigens was introduced.

Note : The figures in brackets in the various tables in this section are comparative figures for 1962.

SMALLPOX VACCINATION

Details of persons vaccinated against smallpox for whom records were received during 1963 are shown in the following table :-

Smallpox Vaccination	Age at Date of Vaccination								Total
	0-3 months	3-6 months	6-9 months	9-12 months	1	2-4	5-14	15 or over	
No. vaccinated	31	97	89	91	145	46	105	221	825 (9,664)
No. re-vaccinated	-	-	1	-	5	30	55	314	405 (5,857)

It will be noted that the total number of persons who received primary vaccination has fallen considerably when compared with the total for 1962, but it will be recalled that 1962 brought a great demand for smallpox vaccination at the time of the scattered outbreaks of smallpox which occurred in this country. The rise in the number of persons of 15 years of age and over receiving primary and reinforcing smallpox vaccination is thought to be due to the increasing number of people travelling abroad on business and for holidays.

The Standing Medical Advisory Committee advised in November, 1962, that smallpox vaccination should be offered to children during their first two years of life, but preferably during their second year. The initial effect of this recommendation will not be evident until the end of 1964, when the first group of children affected by the recommendation will have reached the end of their second year of life.

DIPHTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION

The following antigens are available for use under the County Council's scheme by medical officers and family doctors :-

- Diphtheria/Whooping Cough/Tetanus in combination
- Diphtheria/Tetanus in combination
- Plain Tetanus
- Plain Whooping Cough
- Plain Diphtheria

In pursuance of our campaign to increase the numbers of children immunised against diphtheria and tetanus, to which reference was made in my Report for 1962, arrangements were made during 1963 and continue at the time of writing this report, for primary immunisation and boosting injections to be given in a large number of primary schools by family doctors or school medical officers. The work of organising these sessions falls mainly upon our health visitors who liaise between heads of schools, family doctors and medical officers as to convenient dates and times, etc. We owe to these people our thanks for the success of the campaign, which accounted for about 50% of the immunisations carried out in 1963.

The following Table A gives details of all diphtheria, whooping cough and tetanus immunisation given to children during 1963. Tables B and C give separate details for diphtheria and whooping cough immunisation and are based on the forms of return required by the Ministry of Health, the figures shown having been included in Table A.

TABLE A.

	Primary Course								Boosters
	Children born in years							Total	
	1963	1962	1961	1960	1959	1954-1958	1949-1953		
Diphtheria	-	-	-	1	-	4	11	16	913
Diphtheria/ Whooping Cough	-	-	-	1	-	2	-	3	7
Diphtheria/ Tetanus	-	7	2	6	9	499	448	971	1,697
Diphtheria/ Whooping Cough Tetanus	665	1,030	131	42	20	73	43	2,004	559
Whooping Cough	-	-	-	-	1	-	-	1	-
Tetanus	-	-	2	8	7	601	463	1,081	115
TOTAL	665	1,037	135	58	37	1,179	965	4,076	3,291

TABLE B

Diphtheria Immunisation	Children born in years							TOTAL
	1963	1962	1961	1960	1959	1954- 1958	1949- 1953	
No. of children who completed a primary course of immunisation	665	1,037	133	50	29	578	502	2,994 (1,903)
No. of children who received a secondary or reinforcing injection	-	54	103	30	32	2,123	834	3,176 (900)

TABLE C

Whooping Cough Immunisation	Children born in years							TOTAL
	1963	1962	1961	1960	1959	1954- 1958	1949- 1953	
No. vaccinated with combined vaccine	665	1,030	131	43	20	75	43	2,007 (1,790)
No. vaccinated with plain vaccine	-	-	-	-	1	-	-	- (1)
TOTAL	665	1,030	131	43	21	75	43	2,008 (1,791)

POLIOMYELITIS VACCINATION

Poliomyelitis vaccination with Sabin oral vaccine is now well established as a routine measure for imparting protection against poliomyelitis. Supplies of this type of vaccine are freely available to local health authorities for use in their own clinics or for distribution to family doctors as required. In very few instances is Salk vaccine (administered by injection) now used, except in a quadruple vaccine which is available commercially.

In Circular 10/63 dated 29th May, 1963, the Ministry of Health announced the appointment of a new Joint Committee on Vaccination and Immunisation in place of the old Joint Committee on Poliomyelitis Vaccine, the new Committee having wider terms of reference and advising the Minister on all the medical aspects of vaccination. This Committee reviewed the arrangements for vaccination in the light of a year's experience of the use of oral vaccine in this country and of experience in countries abroad and advised the Minister that certain further measures were desirable. Briefly, these measures were:-

- (a) A renewed effort to raise the number of persons, and especially of children, who are vaccinated against poliomyelitis.
- (b) Additional reinforcing doses of oral vaccine for children in certain groups
- (c) Reinforcing doses to be made available to immunised persons at special risk of contracting poliomyelitis
- (d) The emergency administration of a dose of oral vaccine to all children in the neighbourhood of a case of paralytic poliomyelitis and the possible vaccination of adults of all ages in the neighbourhood.

As there seemed to be little doubt that oral vaccine would continue to be freely available, it was decided in September to make some changes in the County's poliomyelitis vaccination scheme which, it was hoped, would assist family doctors in offering poliomyelitis vaccination to eligible persons by reducing the delay between the making of the application for vaccination and the receiving of the first dose; also, a large amount of paper work occasioned by the registration scheme would become unnecessary. Family doctors were advised that persons requiring vaccination need no longer send a completed registration form to my Department; they should instead give the required details on the record cards with which the doctors had been supplied. Oral vaccine was made available to family doctors upon request in the same manner as other antigens. I am pleased to say that the revised arrangements are working very

smoothly, both from our own viewpoint and that of the family doctors.

The following is a summary of persons immunised since the commencement of the scheme in 1956:-

Group	No. of persons vaccinated with 2 injections or 3 oral doses at 31.12.62.	Numbers of persons who received during 1963 :-		Total no. vaccinated with 2 injections or 3 oral doses at 31.12.63.
		2 injections of Salk vaccine	3 doses of Sabin oral vaccine	
Children and young persons born in the years 1943 to 1963	33,091	78	1,748	34,917
Persons born in the years 1933 to 1942	8,799	15	139	8,953
Others	9,816	24	186	10,026
TOTAL	51,706	117	2,073	53,896

Number of persons who, during 1963, received third injections of Salk vaccine, fourth injections of quadruple vaccine or a boosting dose orally 820

Total number of persons who at 31.12.63. had received three injections of Salk vaccine, or two injections of Salk vaccine plus one dose of oral vaccine, or four injections of quadruple vaccine 46,143

Number of persons who, during 1963, received fourth injections of Salk vaccine, fifth injections of quadruple vaccine, or a boosting dose orally after three Salk injections, three oral doses or two Salk injections plus two oral doses 1,546

Total number of persons who at 31.12.63. had received three injections of Salk vaccine plus a boosting injection or dose or three doses of oral vaccine plus a boosting dose, or two Salk injections plus three oral doses, or five injections of quadruple vaccine 13,337

A M B U L A N C E S E R V I C E

The number of patients carried during the year under review totalled 72,818 which represents an increase of 6,885 patients (10.44%) over the figures for the previous year. The mileage travelled was 630,119 compared with 562,955 in 1962, an increase of 11.93%. The average number of miles per patient carried showed a slight upward trend at 8.65 miles per patient as against 8.54 for 1962. This is influenced to some degree by an increasing use of Hospital Car Service transport which during the year carried 2,698 patients a total of 34,955 miles.

The principle event during the year was the cessation of the Agency Service in the North Kesteven area on the 31st March, 1963, and the extension of the directly provided service to this area operating from purpose built premises at Waddington. It is pleasing to report that with the full co-operation of the Lincoln City Ambulance Service the change over took place quite smoothly and the new arrangements soon settled down.

A detailed summary of the work carried out by the Service during 1963 appears on page 30.

VEHICLES

Consequent on the extension of the directly provided service an additional three vehicles were added to the fleet during the year, the total complement of 26 vehicles and their disposition being as follows:

	<u>Large D.P.</u> <u>Ambulance</u>	<u>Small D.P.</u> <u>Ambulance</u>	<u>D.P. Sit.</u> <u>Case Car</u>	<u>Sit.</u> <u>Car</u>
GRANTHAM	4	-	1	1
STAMFORD	2	1	1	-
BOURNE	2	1	1	-
WADDINGTON	2	1	1	-
SLEAFORD	4	1	1	1

One spare vehicle (Small D.P. Ambulance) retained at Sleaford when not in service

STAFF(a) Driver/Attendants

The authorised establishment of Driver/attendants was raised from 27 to 37 with effect from the 1st April, 1963, to provide for the staffing of the Waddington Station and no difficulty was experienced in recruiting the additional staff. No occasional vacancies occurred throughout the year and the distribution of staff as at the 31st December, 1963 was as follows :-

Grantham	8
Sleaford	8
Bourne	4
Stamford	7

All personnel are qualified in First Aid and in appropriate cases have undertaken refresher or re-qualifying courses organised in conjunction with the voluntary societies throughout the year.

(b) Attendants

The arrangements which were first instituted in 1948 (and have continued since that time with slight modifications) whereby volunteer attendants are available on a rota basis have continued throughout the period under review. Once again I feel I must place on record the indebtedness of the Service to those individuals and the members of the undermentioned organisations who continue to render such valuable assistance, often at short notice.

BOURNE	British Red Cross Society. St. John Ambulance Brigade.
GRANTHAM	British Red Cross Society.
SLEAFORD	Nursing Division - St. John Ambulance Brigade. Sleaford and District Voluntary First Aid and Ambulance Unit.
STAMFORD	Nursing Section - St. John Ambulance Brigade. British Red Cross Society (Rail Journey Escorts).

SERVICING AND REPAIR

The arrangements whereby the majority of the maintenance work is undertaken by the staff of the County Council Central Repair Depot at Grantham have been detailed in previous reports and these arrangements have continued throughout the year. I should like to express my appreciation of the willing help and assistance rendered by the staff of the Depot in respect of special problems which arise from time to time.

STATISTICS FOR THE YEAR 1963A. Directly Provided Service

Depot	Ambulances		Sitting-Case Vehicles		Totals	
	Miles	Patients	Miles	Patients	Miles	Patients
Sleaford	66329	8687	123464	11453	189793	20140
Grantham	83620	14821	73516	6743	157136	21564
Bourne	29319	2654	51005	5131	80324	7785
Stamford KCC	30578	4700	32057	3182	62635	7882
Stamford Agency	20093	2383	13564	1150	33657	3533
Waddington	33583	3683	49123	5062	82706	8745
TOTALS	263522	36928	342729	32721	606251	69649

Average Miles per Patient : 8.65

B. North Kesteven (and part of East Kesteven) - Agency Service provided by the Lincoln Corporation

Note : The following statistics relating to patients carried by vehicles of the Lincoln City Ambulance Service under the joint scheme, have been provided by the Lincoln City Health Department. These figures are for the quarter ended the 31st March, 1963, only, on which date the agency arrangement ceased on the commencement of the directly provided service based on Waddington.

Ambulances		Sitting-Case Vehicles		Totals	
Miles	Patients	Miles	Patients	Miles	Patients
7862	951	16006	2218	23868	3169

Average Miles per Patient : 7.53

C. Summary for the Whole Service

Ambulances		Sitting-Case Vehicles		Totals	
Miles	Patients	Miles	Patients	Miles	Patients
271384	37879	358735	34939	630119	72818

Average Miles per Patient : 8.65

P R E V E N T I O N O F I L L N E S S , C A R E
A N D A F T E R - C A R E

TUBERCULOSIS

A close liaison is maintained between the chest clinics serving the area, the Health Department and our health visitors to ensure that so far as is possible all cases and families needing help and advice receive the necessary attention. One of the first steps which must be taken immediately a new case of tuberculosis is detected is the locating of close contacts of the person involved and arranging for them to attend the chest clinic for x-ray etc. In a small number of instances, the health visitor finds that much persuasion is necessary before contacts will agree to co-operate. When making her initial visit to the patient's home, the health visitor will note carefully the conditions under which the patient and his family are living. It is pleasing to report that in these days comparatively few instances of adverse home circumstances are reported and in only isolated cases is it necessary to enlist the aid of the housing authorities in providing better accommodation for the tuberculous patient and his family.

When a Chest Physician considers that a patient will benefit by the provision of free milk, a supply of one or two pints per day, whichever the Chest Physician deems adequate, is arranged with the patient's regular milk supplier, and continues until such time as the Chest Physician decides that it is no longer required. During 1963, 39 patients in Kesteven were provided with free milk.

One patient, maintained by the Nottinghamshire County Council on behalf of this Authority, remained in employment as a woodworker at the Sherwood Village Settlement, where he was admitted in 1959. This man still requires constant medical supervision and treatment.

Where necessary, tuberculous patients being nursed at home receive assistance under the County Council's Home Help Scheme, and two patients were helped by this service during 1963. Home helps who may be required to undertake work with families where tuberculosis is present in the household are x-rayed by arrangement with the Chest Physician. Six such home helps were x-rayed during the year.

The last sleeping shelter on loan to a tuberculous patient was returned to store towards the end of the year, following the removal from the tuberculosis register of the patient concerned. I have been advised by the Chest Physicians for this area that this type of treatment for tuberculosis is now obsolete and the question of the disposal of the shelters is under consideration.

Dr. H. G. H. Butcher, the Chief Medical Officer of the Central Lincolnshire Chest Unit, has kindly submitted the following report on the work of the Lincoln Chest Clinic during 1963 :

"During 1963, there was no change in the general work of the Chest Clinic; the steady fall in the number of cases which has occurred during recent years has not been maintained. A levelling out has occurred and it is possible that this latter process will now be maintained rather than any further dramatic fall. The great thing is to continue with full investigation of all known contacts of cases that occur, to have regular visits of the M.M.R. Units to various parts of the county and to continue with the B.C.G. inoculation of all school leavers found to be Tuberculin negative."

I am also indebted to Dr. J. B. Wilkinson, Chest Physician in charge of the Grantham Chest Clinic, for the following report :-

"The Grantham Chest Clinic is held twice a week at the Grantham and Kesteven General Hospital and the cases seen almost entirely come from Kesteven. As with other Chest Clinics there is much more non-Tuberculous work and the cases include Chronic Bronchitis and Emphysema, Asthma, Carcinoma of Lung and Bronchiectasis. There is still a steady incidence of newly found cases of active Pulmonary Tuberculosis, the vast majority of which are cured by the modern methods of drug treatment. Their contacts are of course followed up by the Chest Clinic and in 1963, 96 contacts were seen at Grantham and negative reactors were given B.C.G. vaccination. The routine anti-tuberculous work has been expanded in recent years to include the x-raying of all school children found to be Tuberculin positive on testing by the School Medical Officers."

B.C.G. Vaccination

The vaccination with B.C.G. (Bacillus Calmette - Guerin) vaccine of children of known cases of tuberculosis, negative to the tuberculin skin test, is undertaken by the Chest Physicians as part of the clinical service to the patient and close contacts. During 1963, 66 children were skin tested by the Chest Physicians, 37 gave a negative reaction and a total of 84 were vaccinated, a number of infants having received vaccination without first being skin tested.

Comparative figures for the last four years are as follows :-

	<u>Tested</u>	<u>Negative</u>	<u>Vaccinated</u>
1960	151	120	105
1961	135	118	109
1962	91	77	82 (includes 5 not skin tested)
1963	66	37	84 (includes 47 not skin tested)

The scheme for B.C.G. vaccination of older children as a routine measure towards the prevention of tuberculosis commenced in Kesteven in 1959, and is now offered to school children of about 13 years of age and upwards and students attending further education establishments. The B.C.G. vaccination programme commences as soon as possible after the summer holidays each year, and it is usually well into the following year before completion is effected. Since at least two visits have to be made to each school or establishment, the first for skin tests and the second for vaccinations, with the possibility of a further session to deal with previous absentees, it is difficult to carry the programme through without causing some disturbance to school routine, and I would again express my thanks to head teachers and their staffs for their kind co-operation. All positive reactors are referred to the Chest Physicians for follow-up as necessary.

The following are details of persons dealt with during 1963 :-

	No. skin tested	Of those tested		
		Positive	Negative	Vaccinated
School-children	1,730	200	1,475	1,466
Further Education Students	13	6	7	7
TOTAL	1,743	206	1,482	1,473

Tuberculosis Vaccines Clinical Trial

The Tuberculosis Research Unit of the Medical Research Council has for some years conducted a trial to determine the duration of protection from tuberculosis imparted by B.C.G. vaccination in adolescence. Local Health Authorities help in this trial by making quarterly returns to the Tuberculosis Research Unit of all cases notified, and cases discovered only after death, in persons born in the years 1935 to 1938 inclusive. I am informed by the Medical Director of the Unit that the follow-up scheme continues to work well, and that the most recent figures show that the protection given by B.C.G. is still substantial 12 years after vaccination.

Mass Radiography

No surveys were carried out in Kesteven during 1963.

General

The Council's medical staff undertook the medical examination of 96 entrants to teachers' training colleges and 10 entrants to the teaching profession as required under Minister of Education Circular 249. Persons in the former groups are required to be x-rayed prior to the completion of their training while those in the latter group e.g. the occasional relief teacher or person coming directly from university, have to undergo x-ray examination before appointment to teaching posts.

MENTAL DISORDER

Reference to the community care work undertaken amongst persons suffering from mental disorder appears on page 39 of this Report in the section dealing with the Mental Health Services provided by the Authority.

ILLNESS GENERALLY

Care and after-care of patients.

When requested by general practitioners, hospitals or other agencies, the County Council continued to assist under their scheme, patients being nursed at home or after discharge from hospital.

In March, 1963, the Ministry of Health issued a memorandum which emphasised the importance of arrangements for after-care and described how local authorities could help to ensure that these arrangements were effectively made. Local authorities, it states, should "designate one or more officers as responsible for mobilising the community services, and the hospitals (and Executive Council) should know who these officers

are and how to get in touch with them; it would be for each local authority to decide how many officers to designate, in the light of local circumstances, particularly the size of the area."

Obviously the size of an area has a lot to do with this matter but in an area such as Kesteven a close liaison has always existed through which officers of hospitals contact our County Nursing Superintendent and Home Help Organiser. They in turn arrange for the appropriate service to be laid on. It should be mentioned, too, that mutual arrangements exist at local level whereby Hospital Staff contact direct our local Home Help Supervisors and District Nurse/Midwives, as necessary.

Recuperative Holidays

During the year nine patients (3 male and 6 female) were admitted to recuperative convalescent homes for short periods under arrangements made by the County Council.

Laundry Scheme

The Voluntary Laundry Scheme, to which detailed reference has been made in previous reports, continued to give very valuable service to elderly incontinent persons, etc. in the Deepings area.

Marriage Guidance Council

As I mentioned in my Report for last year, towards the end of 1961 the Lincoln and District Marriage Guidance Council was re-formed. In addition to Lincoln City parts of the adjoining areas of Lindsey and Kesteven are being covered by the Council. An annual grant is being made to the Council to assist them in the valuable work they are undertaking.

According to the Annual Report of the Council's Executive Committee for 1963/64, 12 new cases from Kesteven were dealt with by their Counselling Service during the year and 59 interviews with persons from the area were held.

Incontinence Pads

During the year the Ministry of Health issued a circular commending the provision by local health authorities of incontinence pads for the care of patients under Section 28 of the National Health Service Act. Apart from the benefit the pads are to patients and those looking after them they are convenient and time saving for nurses. They reduce the laundering of soiled bed linen and make it possible to nurse at home some patients who might otherwise have to be admitted to hospital. The Health Committee agreed that they should be supplied, as necessary, free of charge through our home nursing service.

NURSING EQUIPMENT AND APPARATUS

There were no changes in the Council's arrangements, as outlined in previous Reports. Each District Nurse has an ample stock of the smaller items of loan equipment, while the British Red Cross Society and the St. John Ambulance Brigade who administer the Medical Loan Depots on behalf of the County Council, have, with the aid of grants from the County Council, continued to add to their own comprehensive stocks of articles. This work expands year by year, the number of issues made and the number of cases helped during 1963 having increased by 257 and 340 respectively in comparison with the figures reported for 1962.

DEPOT	NO. OF ISSUES MADE	NO. OF INDIVIDUAL CASES WHO BENEFITED
Bourne	98	84
Grantham	841	705
Stamford	331	247
Sleaford	448	295
TOTALS	1,718	1,331

DENTAL - FLUORIDATION OF WATER SUPPLIES

Although the County Council on the recommendation of the Health Committee formally approved of the fluoridation of its water supplies little progress has so far been made in this direction. It is unlikely that fluoridation will be commenced until the result of a high court case concerning fluoridation is known.

CHIROPODY

During the year the Health Committee reviewed the arrangements made in the County for the provision of a chiropody service to the priority groups recommended by the Ministry of Health, viz. the elderly, the physically handicapped and expectant mothers. Enquiries had revealed that while in a number of localities a very good service was being provided through old people's clubs, there were others where either no service, or, at the best only a very limited one was operating. No grants were made to clubs by the County Welfare Committee specifically for chiropody although this was taken into account when grants were calculated. It was decided as a result of the review that with effect from 1st April, 1963, the Health Committee should (i) take over from the County Welfare Committee the responsibility for the payment of grants to voluntary organisations providing a chiropody service, and (ii) themselves operate a direct service through the County Clinic at Grantham to supplement the services already being provided by voluntary effort.

It was agreed that in order to standardise as far as possible the schemes operating in the County, clubs should be asked to agree to accept the following conditions :-

- (a) to accept for treatment all persons (including non-members of the club) in the following eligible categories:-
 - (i) Women 60 years of age and over
 - (ii) Men 65 years of age and over
 - (iii) Physically handicapped persons, and
 - (iv) Expectant mothers.
- (b) to make a charge of 2/6d. per attendance except in cases of financial hardship where the Secretary's discretion should be used as to what charge (if any) should be made.
- (c) to maintain a register of attendances and a record of expenditure and income and to make appropriate returns to the County Council as required.

Clubs already operating a service were encouraged to extend their arrangements where necessary to meet all reasonable demands.

A number of clubs were already making arrangements with their chiropodists to visit house-bound patients while occasionally voluntary transport was available to bring those persons to the sessions who could not otherwise attend. The clubs were informed that the continuation of such arrangements would be welcomed.

Confirmation was received from the clubs approached that they would be willing to fall in with the new arrangements and interim grants were made to them. Clubs or organisations which had not been participating were given full information of the Committee's proposals for the future running of the Chiropody Service and were invited to join the scheme. Between the time these clubs were approached and the 31st March, 1964 (when the clubs submitted their annual returns) 12 had accepted the invitation and were given grants to help them get started; included in this number is the British Red Cross Society who undertook to organise and run a service for the house-bound in Grantham.

During the year ended 31st March, 1964, 1,065 patients were dealt with through the club schemes and they made a total of 3,261 attendances.

The scheme at the Beaconfield Clinic, Grantham, came into operation in September, 1963, the chiropodist concerned undertaking a half-day session weekly and up to the 31st March, 1964, 68 patients (making 163 attendances) had been helped. It is anticipated that next year it will be necessary to increase the number of sessions held at this clinic.

It should be remembered, of course, that our district nurses deal with many minor foot troubles as part of their day-to-day duties.

HEALTH EDUCATION

In spite of the many different methods of passing on information about health matters, the personal approach remains one of the most effective, and this is underlined by the amount of time again devoted by our medical and nursing staff to giving talks to a variety of audiences - schoolchildren, at school medical inspections, mothers at welfare centres, parent/teacher meetings, Women's Institutes, etc. In support of this work posters and leaflets are obtained as required from the Ministry of Health, the Central Office of Information and the Central Council for Health Education. The last named organisation is the only one of its kind recognised by the Ministry of Health, and Kesteven is one of the many local authorities making an annual grant in support of the work. This Authority is also affiliated to the Home Safety Section of the Royal Society for the Prevention of Accidents. "Neonatal Cold Injury", "The Rhesus Factor" and "Fluoridation"

were the subjects of leaflets and memoranda distributed during the year to all family doctors and to our health visiting and nursing staff. The memoranda on Fluoridation were also sent to dental surgeons. A variety of material dealing with Dental Health, Hygiene and Food and the Seven Rules of Health was distributed to all schools in the County. The monthly journal "Better Health", published by the Central Council for Health Education continued to be sent to our health visitors and voluntary workers attached to infant welfare centres.

In May, at the invitation of Dr. R. D. Haigh, Medical Officer of Health for the City of Lincoln, ten members of the nursing staff attended a one day course on "Parentcraft Teaching - Methods and Techniques for use in schools and other associations", and "Production and Use of Educational Aids", given by Miss P. Collyer of the Central Council for Health Education.

In August, Dr. H. A. Cole, Medical Superintendent, Rauceby Hospital, gave a talk and opened discussion on mental illness, for mental welfare officers, health visiting and nursing staff.

In October, again by kind invitation of Dr. R. D. Haigh, members of the staff of the Health Department attended a lecture given by Dr. Neville R. Butler, Director of the Perinatal Mortality Survey, in which he gave a preview of the findings which were shortly to be published in the First Report of the British Perinatal Mortality Survey, to which special reference is made on page 20.

A 16 mm. portable projector with its associated equipment, specially designed for viewing with a minimum of room blackout was purchased in September. It is hoped that all our whole-time health visitors and other members of the staff will become adept at using this equipment so that it may be put to the maximum possible use as a teaching aid in our clinics, mothercraft and relaxation classes, training centres, etc. Also purchased during the year were display units consisting of a portable concertina pegboard, folding suedeboard and collapsible easel.

The subject of accidents in the home has come more and more to the fore in recent years and increased time is now being devoted to it by the medical and nursing staff in their health education work. I am reproducing below an interesting memorandum on this matter which has kindly been submitted by Dr. A. Fraser-Darling, a family doctor in our area who served during 1961/63 as a member of the Working Party on Accident Prevention and Life Saving appointed by the Royal College of Surgeons :-

"Accidents in the modern world have become so important that it has been described as the modern epidemic plague, and the deaths from this cause rise each year.

"A great deal is heard about the deaths from road accidents, but it should be remembered that the number of people who die each year from accidents occurring at home is greater than those killed on the roads. Of the 20,000 people who die each year as a result of an accident, about 7,000 occur on the road and 8,000 at home. The majority of these accidents occur in the very old and in the very young. In fact, in children under 14, 28% of all deaths are due to accidents occurring on the road and in the home. The total cost of accidents to the economy has been estimated at about £500 million per annum.

"Much work has been done in the prevention of accidents and the efforts of the Royal Society for the Prevention of Accidents has been of the greatest importance. Recently the medical profession has turned its attention to this problem and two years ago the Royal College of Surgeons appointed a Working Party to study accident prevention and life saving. Their efforts culminated in an important Convention in London in May, 1963, to give publicity to the problem. Subsequently a report was published in which certain recommendations were made.

"Local Authorities, through their Health Committees have considerable scope for further accident prevention work as a Public Health measure. As communicable diseases decline in importance so does the role of the Local Authority in accident prevention increase.

"There are many ways in which this can be done :-

1. The appointment of Home Safety Committee with affiliation to the Royal Society for the Prevention of Accidents.
2. The undertaking of enquiries by the Public Health staff to ascertain any particular hazard to the population that may not be otherwise apparent.

3. The education of the District Nurse/Midwife and Health Visitors in accident prevention. In this way the nursing staff will be able to advise and help mothers of young children as well as the elderly, e.g. the use of fireguards, of non-inflammable night wear and in the correction of faulty gas and electrical apparatus.
4. The Public Health Inspector can do much by arranging for attention to structural defects in houses that may cause accidents.
5. The education of the school child through the School Health Service is of the greatest importance. This not only involves training the child in safety precautions but in the positive education in good citizenship and the right way of doing things. "Throughout life carefulness, consideration for others and good citizenship represent the same virtue that first rate technique includes and embodies, the finest safety training." (Ministry of Education 1960 Safety Precaution in Schools).

"The training of school children in simple First Aid and Hygiene is an important step in this direction."

SMOKING AND HEALTH

The effect of the extensive campaign initiated by the Ministry of Health over 6 years ago to bring to the notice of the public the risks attendant upon smoking tobacco, and heavy cigarette smoking in particular, is not easy to assess. It is known that many people have considered very seriously the facts presented to them and have now stopped smoking or have greatly reduced the amount of tobacco or cigarettes smoked, and few of these people will deny that they feel better off for doing so, both in terms of health and money. There remains, however, a hard core of the public who are unconvinced or unwilling to be convinced by the mass of evidence that there now is against smoking.

Our programme of publicity through schools, clinics and other public buildings, continued in 1963. A selection of anti-smoking posters and literature was distributed to general practitioners in the County through Lincs.(Kesteven) Executive Council, by arrangement with the Central Council for Health Education. Also the Central Office of Information film "Smoking and You" was shown in a number of grammar and secondary modern schools in the County.

B L I N D P E R S O N S

The following information relating to blind persons in the County, supplied by the County Welfare Officer, has been included in this report at the request of the Ministry of Health.

The table below gives details of blind and partially sighted persons on the County Council's register during the year ended 31st December, 1963 :-

	(1) <u>Blind</u>	(11) <u>Partially-sighted</u>
(a) Registered at 1st January, 1963	294	92
(b) New registrations during the year	35	20
(c) De-certified cases re-registered	-	-
(d) Deaths	39	10
(e) Transfers to other areas	6	1
(f) Transfers from other areas	9	1
(g) Transfers from blind to partially-sighted category included in (b) (11) above.	3	-
(h) Transfers from partially-sighted to blind category included in (b) (1) above.	-	3
(i) Recovered sight	2	-
(j) Registered at 31st December, 1963	288	99

The age groups of the persons newly registered during the year were as follows :-

0 to 15 years	..	..	..	..	1
16 to 59 years	..	..	..	..	12
60 to 69 years	..	..	..	..	3
70 to 79 years	..	..	..	..	22
80 years and over	..	..	..	..	17
Total					<u>55</u>

The proportion of newly registered persons aged 60 years and over represents 76% of the new registrations as against 90% in the previous year.

(1) Number of cases registered during the year in respect of which para. 7(c) of Forms B.D. 8 recommends :-	Causes of Disability			
	Cataract	Glaucoma	Retrolental Fibroplasia	Others
(a) No treatment	3	-	-	20
(b) Treatment (medical, surgical or optical)	18	2	-	12
(ii) Number of cases at (1) (b) above which on follow-up action have received treatment	17	2	-	12

OPHTHALMIA NEONATORUM

No case of this disease was notified in Kesteven under the Public Health (Ophthalmia Neonatorum) Regulations, 1926/37, during the year.

H O M E H E L P S E R V I C E

The Home Help Service continued to operate satisfactorily during the year and experience has shown that it is now sufficiently flexible to meet the many and varied demands being made upon it. As will be seen from the statistics in Table VI on page 65 there was an increase in the number of cases helped during the year, the total number being 791 as compared with 762 during 1962. The number of new cases helped during the year was 323, an increase of 32 on the 1962 figure.

There was a slight increase in the number of maternity cases helped and also in the short-term sickness cases; as these two types of case occur in the younger age groups, it shows that the Service is by no means confined to the aged, although 625 of the 791 cases covered were in the homes of people aged 65 years and over.

There was an increase of cases in the chronic sick group under 65 years of age from 42 during 1962 to 67 during 1963 and 34 of these cases were helped for the first time during the year. Six of these cases concerned households where mentally disordered persons were living.

DISTRICT SUPERVISORS

Our District Supervisors continue to maintain close contact with family doctors, hospital almoners and voluntary and statutory social workers. The number of new cases covered by the three Supervisors during the year is evidence of their good work. The analysis of these cases in the table referred to shows that there is a marked increase in the Stamford area which is the smallest district and has tended to be more static in the past in its work output than the rest of the County.

HOME HELPS

There was a decrease in the number of home helps employed, namely, 180 (all part-time) compared with 194 during 1962. This is due to efforts to increase the number of hours worked by each home help during the week. These 180 women worked a total of 124,829 hours during the year, compared with 121,138 for 1962.

No training of home helps was undertaken during the year as, apart from the Grantham College of Further Education, it is extremely difficult to find suitable premises in the County in which to hold a training course. However, it is hoped that it will be possible to arrange courses in the Sleaford, Stamford and Grantham areas during 1964.

During 1963 the home helps held Christmas parties and organised outings - both social and educational. In May 85 home helps and the Supervisors attended a rally of Home Helps in Cambridge where they were able to meet colleagues from many other parts of East Anglia. Talks were given by a Geriatric Physician and by Dr. Tyson, County Medical Officer of Health for Cambridgeshire. Visits have also been made to Windsor Castle, Coventry Cathedral and London Airport. These activities do a great deal to bring the home helps to a realisation that they work as members of a very large team.

GOOD NEIGHBOUR SERVICE

On October 1st, a Good Neighbour Service was introduced into the Service and by the end of the year 13 cases were being helped. This Service has already proved invaluable in the care of the aged in their own homes. The scheme provides for care of the patient rather than the provision of purely domestic help as with the Home Help Service. The cases covered range from the complete care of a housebound old lady of 85 by her neighbour to the case of an elderly mentally disordered lady whose neighbour visits each evening to give her supper and to see her safely to bed.

This service is based on a part voluntary, part paid scheme of neighbourly help and the patient can be assured that she will be visited each day by someone she has probably known all her life. This sense of security has proved a great blessing to those who need daily care in order to stay in their own homes. The cost of this service to the County Council is extremely economical as "good neighbours" are paid between 10/- and £2. weekly, depending on the extent of their duties. In comparison the provision of a home help would be costly, apart from which she might not live near enough to give all the attention required throughout the day.

PROBLEM FAMILIES

The new Children's Act has not yet had a marked effect on the Service. Three cases were helped during the year and in each of these cases the presence of a kindly home help was a good influence on the mother and helped considerably to improve the standard of the home. It is anticipated that this part of our work will increase, and for this type of case we shall need the trained and experienced home help.

MEALS ON WHEELS

The "Meals on Wheels" service has been extended to many villages throughout the County and this has proved a great help to many cases who are also receiving the services of a home help. Liaison between the W.V.S. ladies who work in this service and the District Supervisors is extremely good and is of mutual benefit to both services.

M E N T A L H E A L T H S E R V I C EGENERAL

The highlight of the year was undoubtedly the handing over by the builders of the new Junior Training Centre - subsequently named Sandon School - on the 31st January, 1963. Owing to the severe weather at that time, the centre in St. Anne's Hall had been closed due to frozen pipes and the new school was pressed into service on the 11th February, 1963. The fact that workmen were still completing outstanding items of work did not dim the occasion. The children were delighted with their new surroundings and it was amazing how quickly they settled into their new environment.

The activity and progress mentioned in my last report have continued and one of the most pleasing features is the direct approach made to the service by many patients and their relatives. Complete co-operation has continued between our staff, the family doctor and the hospitals. The operation of a duty roster system for our Mental Welfare Officers outside regular working hours ensures as far as possible that an officer is always available if required by a psychiatrist, family doctor, the police, etc.

ADMINISTRATION(a) Sub-Committee

The administration of the Mental Health Service in the County has continued to be dealt with by the Mental Health, Maternity and Child Welfare and Care Sub-Committee, which consists of 20 members and meets at approximately quarterly intervals.

(b) Staff - Medical

The County Medical Officer is the chief executive officer of the Mental Health Service and is also an approved officer for examinations for mental illness under Section 28(2) of the Mental Health Act, 1959. The Assistant County Medical Officers, the Consultant Psychiatrists at Rauceby, St. John's and Harmston Hospitals and three general practitioners are also approved under the Act. Dr. E. A. Whiteley, Senior Medical Officer, is medical officer of the Training Centre and has a special responsibility in connection with the care of mentally subnormal children in the community.

Staff - Non Medical

There was no change of staff during the year in field workers, the service continuing to be operated by three full-time District Mental Welfare Officers working under the Senior Mental Welfare Officer, with the Mental Welfare Assistant combining office duties with work in the field.

During the year it became clear that if we were to cope successfully with the increasing calls being made upon the field staffs time - particularly in connection with prevention and after-care work - a further mental welfare officer would be required. This matter was under consideration by the Council at the end of the year.

Training

The monthly meetings of mental welfare officers have continued and have included lectures, discussions and visits of observation.. Mental Welfare Officers have attended case conferences and ward rounds at St. John's Hospital where practicable and also various regional and national conferences in mental health.

WORK UNDERTAKEN IN THE COMMUNITYPsychiatric CasesAdmissions :

The following table shows the number of patients from the Kesteven area admitted during the year to psychiatric hospitals under the Mental Health Act, 1959. Comparative aggregate figures for the previous two years are shown.

	Rauceby Hospital	St. John's Hospital	Other Hospitals	Total 1963	Total 1962	Total 1961
Section 5 (Informal)	197	44	5	246	233	164
Section 25 (Observation)	4	19	-	23	11	15
Section 26 (Treatment)	-	2	-	2	4	4
Section 29 (Emergency - Observation)	32	8	-	40	50	40
TOTAL	233	73	5	311	298	223

In addition, 5 cases normally resident in Kesteven were admitted from outside the County.

The following table analyses the figures on a sex and age basis:-

Sex	Under 20	20-29	30-39	40-49	50-59	60-69	Over 70	Age not given	Total
MALE 1963	14	22	20	21	14	14	21	-	126
MALE 1962	7	16	29	22	11	10	10	2	107
FEMALE 1963	11	37	31	28	30	18	30	-	185
FEMALE 1962	11	32	35	37	27	19	29	1	191
TOTALS 1963	25	59	51	49	34	32	51	-	311
TOTALS 1962	18	48	64	59	38	29	39	3	298

This table shows that the proportion of women admitted to hospital was 59% of the total, i.e. 5% less than last year.

Regrading in Hospital of patients admitted for observation

Admitted for Observation	Regraded			Discharged
	Section 5	Section 25	Section 26	
(40 Section 63 (29	14	25	1	-
(23 Section (25	21	-	1	1

Of the 25 regraded to Section 25 from Section 29, all continued treatment on an informal basis on the expiration of the order.

These tables show that the sharp rise that occurred in 1962 was not repeated during this year, and taking into account the increased population of the County, there is no significant difference proportionally in the figures. The increase in figures shown is attributable to St. John's Hospital. An analysis of admissions there revealed that 60% were arranged informally. Other details are as follows :-

St. John's Hospital - Admissions

	<u>Informal</u>	<u>Observation</u>	<u>Treatment</u>	<u>Total</u>
Total Admissions from Catchment Area (1963)	732	270	43	1,045
Admissions from Kesteven 1963	44	Emer. 8) Obs. 19) = 27	Treat 1) Sect. 1) = 2 60	73

Of the 73 patients admitted from Kesteven only 12 remained in-patients at the end of the year. Of the 61 discharged the length of in-patient treatment was as follows:-

<u>Less than</u> <u>1 month</u>	<u>1 month</u>	<u>2 months</u>	<u>3 months</u>	<u>4 months</u>	<u>5 months</u>	<u>6 months</u>	<u>7 months</u>
15	20	17	2	2	4	-	1

(Equivalent to 71% less than 2 months : 82% less than 6 months)

Of the 12 still resident in hospital :-

- 4 had been in less than 1 month.
- 3 for 5 months.
- 2 for 6 months.
- 1 each for 8, 9 and 11 months respectively.

Admission rate for Kesteven - 1.63 per thousand in 1963.
1.34 per thousand in 1962.

Average for Catchment Area - 1.75 per thousand.

Ages and Sex of Admissions

Male - 26 - Total = 73.
Female - 47

	<u>Under</u> <u>20</u>	<u>20-29</u>	<u>30-39</u>	<u>40-49</u>	<u>50-59</u>	<u>60-69</u>	<u>Over 70</u>	<u>TOTAL</u>
Male	3	7	3	6	3	1	3	26
Female	2	12	7	6	3	6	11	47
TOTALS	5	19	10	12	6	7	14	73

The following table shows the number of all admissions to hospitals from the different districts within the County :-

Sleaford U.D.	19	2.5 per thousand population
Borough of Grantham	61	2.4 per thousand population
Borough of Stamford	40	3.2 per thousand population
Bourne U.D.	11	2.0 per thousand population
East Kesteven R.D.C.	40	1.9 per thousand population
West Kesteven R.D.C.	27	1.5 per thousand population
South Kesteven R.D.C.	44	2.8 per thousand population
North Kesteven R.D.C.	68	1.9 per thousand population
No fixed abode	6	
Total admissions	316	2.3 per thousand population

Although the individual numbers vary slightly from district to district, the overall picture remains much the same as last year when the admission rate was 2.2 per thousand and still well below the national average (3.3 per thousand).

Discharges

During the year, 259 discharges from psychiatric hospitals were notified to the Local Health Authority, practically the same number (258) as the previous year. Twenty of these were in respect of patients with double stays in hospital during the year. Of these patients 142 benefited from the After-Care service. Types of illness involved with comparative percentage figures for the previous two years are given below:-

Diagnosis	Male	Female	Total	Percentage		
				1963	1962	1961
Manic Depressives)						
Depressives)						
Anxiety States)	40	78	118	46	51	49
Melancholia)						
Paraphrenia)						
Paranoia)	28	33	61	24	26	20
Schizophrenia)						
Hypochondria)						
Hysteria)	5	6	11	4	5	9
Obsessional Neur.)						
Psychopaths)						
Alcoholism)	12	1	13	4	3	5
Epileptic)						
Arteriosclerosis)	20	18	38	15	11	10
Senile Dementia)						
Somatic)						
Subnormality	5	3	8	3	2	3
Unspecified	3	7	10	4	2	4
TOTAL	113	146	259			

It will be seen from this that the pattern of mental illness appears to remain much the same.

Dr. H. A. Cole, Medical Superintendent of Rauceby Hospital, has kindly submitted the following brief report on the present set up between the hospital and the Local Health Authority :-

"Active liaison between this hospital and the Local Health Authority Mental Welfare Officers continues to flourish. Frequent visits are paid by the officers to their patients in hospital and discussions of problems that arise are held with the Medical and Nursing Officers, and on occasion conferences are held.

"Although the Mental Welfare Officers are very co-operative, I have a feeling that they are beginning to get rather excessive case loads and that they are unable to visit some of the patients as frequently as they would like. I am sure that as the service develops more Mental Welfare Officers will be needed.

"At the moment we have difficulty in placing elderly patients who have been admitted for mental illness but who also have social problems. In hospital very often their acute symptoms subside and they are able to be discharged to a sheltered environment, and this is where the difficulty lies, because there is not enough accommodation for this type of patient. This, of course, causes blockage of beds and recently there has been an increase in admissions, (this I believe is occurring throughout the country), and we are in difficulties with regard to beds, especially for elderly patients, and if sufficient accommodation were available it would release beds for other patients.

"In my view, psychogeriatric accommodation does require some degree of special training as far as their care is concerned. I have found the people who look after the elderly have had no training and have difficulty in dealing with some of the problems that arise, and the staff then tend to get rather disturbed. I should be very willing to co-operate in any form of training which is desired for people who will be staffing these psychogeriatric hospitals in the future."

PREVENTION, CARE AND AFTER CARE

In February, 1963, in an address to Congress, the late President Kennedy stated "Mental illness and mental retardation are among our most critical health problems. They occur more frequently, affect more people, require more prolonged treatment, cause more suffering by the families of the afflicted, waste more of our human resources and constitute more of a drain upon the public treasury and the personal finances of the individual families than any other single condition".

The increased number of referrals and visits in prevention, care and after-care give some indication of the effort Kesteven is making to help meet this national problem and also indicates the increased confidence the public and patients have in the service.

Referrals during the year have increased considerably from 160 in 1962 to 590 in 1963. The sources of referral were as follows :-

Source of Referral	Mental Illness				Psychopathic				Subnormal				Severely Subnormal				TOTAL
	Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		Under 16		Over 16		
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
General Practitioners	-	-	73	79	-	1	-	-	3	4	-	1	-	1	1	-	163
Hospitals	2	-	88	128	-	-	-	-	1	-	3	1	-	-	-	-	223
Out-Patient Clinics	-	-	33	39	-	-	-	-	-	-	2	1	-	-	-	-	75
L.E.A.	-	-	-	-	-	-	-	-	3	3	-	-	1	-	-	-	7
Police and Courts	-	-	6	11	-	-	-	-	-	-	1	-	-	-	-	1	19
Other	-	-	28	46	-	-	-	-	3	3	11	5	1	-	2	-	103
TOTALS	2	-	228	303	-	1	4	-	10	10	17	8	2	1	3	1	590

As will be seen from the following table, visits in connection with this service have increased. The growth of the service is also reflected in these figures.

	No. of Visits		
	1963	1962	1961
Patients in Hospital	319	265	101
Out-Patient Clinics	35	21	19
Patients at Home	343	681	267
Relatives, etc.	563	217	98
After-Care	698	269	91
Prevention Cases	375	215	61
TOTALS	2333	1668	642

SUBNORMALITY

In my general remarks at the commencement of the Mental Health Service report, I referred to the highlight of the year as the opening of Sandon School - our purpose-built training centre. Another achievement has been the placing of registered subnormals in employment. I have previously reported on the co-operation of certain firms in the employment of subnormals. Discussions with firms have continued and more of them have agreed to give subnormals a trial. At the end of the year, 134 subnormals were in employment compared with 107 last year which is equivalent to 58% of all our subnormals over 16 years of age. In June, 1963, with seasonable employment, the figure rose to over 60% at its peak.

In the north area general labouring and factory work replaced farm work as the major source of employment but in the County as a whole, farm work is still generally the predominant source. There appears to be greater prospects for employment in rural areas than in the towns where work is more specialised. An interesting point which has emerged is that the girls' average wage is between £5-£6. per week whilst the man's is between £11-£12. per week. One man for a period earned with overtime, over £30. per week whilst several have reported earnings of over £20. One man has averaged £16. per week whilst another whose supervision is now discontinued has married and is purchasing his own house on mortgage.

In addition, several Kesteven patients accommodated at Harmston Hall Hospital are in employment in the community and living at either Tuxford or Cross O'Cliff Hostels.

During the year 36 new cases have been added to the register. The sources of referral with comparative figures for the two previous years, were as follows :-

	<u>1963</u>	<u>1962</u>	<u>1961</u>
Transfers from Other Authorities	10	9	16
Mental Welfare Officers	6	6	8
National Assistance Board	2	6	6
Hospitals	3	3	3
Local Education Authority	8	14	3
Others	7	5	2
	<u>36</u>	<u>43</u>	<u>38</u>

The referrals were dealt with as follows :-

Placed under Community Care	33
Direct admissions to hospital	<u>3</u>
	<u>36</u>

During the year 13 cases were deleted from the register, 8 formerly being under supervision and 5 in hospital. Of the 13 under supervision, 7 left the area and 1 died. All the hospital cases died.

During the year 11 cases under supervision in the community were admitted to hospital, making the total admissions to hospital from this Authority 14. Five patients were discharged from hospital into the community.

Five cases were accommodated for short stays during holiday times to afford relief to the parents.

The following table shows the number of subnormals on the register at the end of the year :-

	SUBNORMAL				SEVERELY SUBNORMAL				TOTALS				Grand Total
	Under 16		16 and over		Under 16		16 and over		Under 16		16 and over		
	M	F	M	F	M	F	M	F	M	F	M	F	
<u>UNDER COMMUNITY CARE</u>													
(a) Attending day training centres	13	6	2	3	11	5	2	7	24	11	4	10	49
Awaiting entry thereto	1	2	2	-	1	3	-	-	2	5	2	-	9
(b) Receiving home training	-	-	-	1	-	-	-	-	-	-	-	1	1
(c) Resident in L.A. Homes	-	-	2	7	-	-	12	7	-	-	14	14	28
(d) Receiving supervision	1	4	81	81	3	1	44	33	4	5	125	114	248
<u>IN HOSPITALS</u>	12	9	30	37	19	5	52	47	31	14	82	84	211
Numbers as at 31.12.63	27	21	117	129	34	14	110	94	61	35	227	223	546
Numbers as at 31.12.62.	27	13	112	115	31	16	110	95	58	29	222	210	519

At the end of the year there were 21 cases awaiting admission to hospital, of which 13 were classified as "Urgent".

CARE AND SUPERVISION

The number of subnormals in the County are divided approximately into three fifths Community Care to two fifths hospital. With conditions in the Community changing as the provisions of the Mental Health Act are being implemented there is a tendency for only parents of severe cases to seek vacancies in hospitals and for admissions in the event of an emergency. As the following table shows, the work undertaken in the Community by the mental welfare officers has increased even though visiting has been more selective :-

	<u>1963</u>	<u>1962</u>	<u>1961</u>
To subnormals in Hospitals	31	25	10
In the community	885	693	432
To employers	72	66	35
For reports to Hospitals	9	9	5
Enquiries and other visits	114	88	106
	<u>1,111</u>	<u>881</u>	<u>588</u>

TRAINING OF SUBNORMALS

At the end of the year 49 subnormals from the area were in attendance at training centres. The bulk of these, viz, 41 were, of course, at our own centre, Sandon School, whilst the remainder were by arrangement attending centres maintained by adjoining authorities as follows :-

Lincoln City 7

Soke of Peterborough C.C. 1

Sandon School:-

As has already been mentioned, our new purpose-built centre, Sandon School, came into operation during the year and it is therefore appropriate to include the following brief description of the building which has kindly been supplied by the County Architect:-

"The new Junior Training Centre at Sandon Close, Grantham, is now complete and in full use. Accommodation for 40 pupils is provided in the form of two classrooms each for 15 pupils and one for 10 pupils. Also a general assembly hall size 30' 0" x 24' 0", together with cloakrooms, lavatories and a bathroom.

"The staff are accommodated in the Administration Wing, comprising a Supervisor's Office, Staff Room and Medical Inspection Room, together with Cloakroom and Lavatories.

"A small kitchen chiefly for training purposes is also used in conjunction with the distribution of meals received from the Grantham Central Kitchen.

"There is a playground adjoining the building.

"The whole building is heated by under-floor electric heating which can be supplemented if required by electric radiators.

"The building has been built in traditional styling - but additional classroom accommodation is being added in the form of a demountable type timber building.

"The Centre stands on a site of 2.18 acres, parts of which are to accommodate a Hostel already under construction and possibly a Nurse's House to be built at a future date.

"The accepted tender for the main building was £22,303. and for the additional classroom £2,698."

Dr. Whiteley, Senior Medical Officer, who is responsible for supervising the centre reports as follows on the work carried out there during the year:-

"The Junior Training Centre which had previously occupied St. Anne's Church hall, moved into the new purpose-built Centre, Sandon School, on February 11th; the School has 3 classrooms, offering places for 40 subnormals. The new building was a great delight to both staff and children and has enabled the scope of training to be extended considerably. The seniors are now able to do domestic science and housecraft, and the pleasant grounds allow for many more outside activities, including gardening.

"The children have learned a great deal from collecting items for the nature table and also keep goldfish and a guinea pig.

"Many visitors to the school during the year have included the Lincoln and Sleaford Parents' Associations, Lord Ancaster, Dr. Trevor Wright, Dr. Golby the Director of Education, Medical Officers of Health of neighbouring Authorities, and the local British Medical Association members. They have all been most impressed by the building and the happy atmosphere in the Centre.

"The School had an Open Day on June, 19th, which was attended by many parents and official guests, who were delighted to look round the new school and see a display of dancing by the children.

"In September, Miss Burnett joined the staff as assistant supervisor and Mrs. Murphy as a temporary assistant supervisor to replace Mrs. SurrIDGE, the Head Supervisor, who had been accepted for a year's N.A.M.H. Diploma Course at Sheffield, from September, 1963 until July, 1964.

"On December, 18th, the school had its Christmas Party, to which many other sub-normal children in the county were invited.

"We look forward in the New Year to the opening of the Workshop, which will accommodate 15 senior boys. They will do simple carpentry and continue with their social training.

"The school nurse visits regularly for cleanliness inspections and the speech therapist each week for speech training. In December all the children were medically examined.

"Outings are arranged whenever possible and this year have included visits to the Fire Station, Telephone Exchange and Belvoir Castle. Every opportunity is taken to extend the social training of all children; in small groups they are taken shopping and to the bank, in an attempt to increase their self-confidence and independence."

SUMMARY

Once again it is very gratifying to report a year of steady progress. The intentions of the Mental Health Act are gradually being fulfilled and the confidence of the general public in the service is growing. Three and a half thousand visits have been made by the Mental Welfare Officers during the year - approximately one-third more than in the previous year. As mental ill-health is more readily accepted, the need for the development and expansion of the service becomes more apparent. The greatest need at present so far as Kesteven is concerned appears to be hostel accommodation for the mentally subnormal.

P R E V A L E N C E O F A N D C O N T R O L O V E R
I N F E C T I O U S D I S E A S E S

Two thousand two hundred and forty three cases of infectious diseases, etc. (excluding Tuberculosis) were notified to the District Medical Officers of Health during 1963. Particulars of cases and their distribution appear in Table VII on page 66 of this report. Totals for the previous five years were :-

1958	-	2,608 cases
1959	-	1,923 cases
1960	-	890 cases
1961	-	2,484 cases
1962	-	905 cases

The Notification Rates per 1,000 total population for 1963 were as follows :-

Scarlet Fever	..	..	..	..	0.42
Measles	..	..	..	..	12.21
Whooping Cough	..	..	..	..	0.39
Acute Pneumonia	..	..	..	..	0.53
Erysipelas	..	..	..	..	0.05
Food Poisoning	..	..	..	..	0.03
Dysentery..	..	..	..	..	2.09

Para-Typhoid Fever - One suspected case of this disease was notified in the Bourne Urban District, but subsequent tests, however, did not support the original diagnosis.

Scarlet Fever - Sixty nine cases were notified, as compared with 39 in 1962, and an average of 119 during the years 1953 to 1962.

Measles - One thousand seven hundred and twenty eight cases of measles were notified during the year. The majority of cases occurred in the Borough of Grantham and in the Rural Districts, whilst the Borough of Stamford and the Sleaford and Bourne Urban Districts remained relatively clear of the disease. There was no death from measles during 1963.

Cases of measles notified, and deaths from the disease during the past ten years are shown below.

<u>Year</u>	<u>Cases</u>	<u>Deaths</u>
1954	202	1
1955	2,291	-
1956	21	-
1957	2,433	1
1958	2,217	-
1959	1,541	-
1960	226	-
1961	2,138	-
1962	403	-
1963	1,728	-

Whooping Cough - Fifty six cases were notified during the year, compared with 44 in 1962 and an average of 290 during the years 1953 to 1962.

Acute Pneumonia - Only Acute Primary and Acute Influenzal Pneumonias are notifiable and 75 cases within these categories were notified during 1963, compared with 43 in 1962 and 60 in 1961. Deaths from all forms of Pneumonia numbered 101.

Erysipelas - Seven cases were notified.

Food Poisoning - Four cases were notified.

Dysentery - The number of cases of Dysentery notified in 1963 was again relatively high; 296 cases as compared with 341 in 1962 and 6 in 1961. In my Report for 1962 I stated that generally the outbreaks in that year were confined to the south of the County. These outbreaks persisted into the first half of 1963 and died out by about the end of June. In February and March, 1963, an outbreak of dysentery occurred in and around a small village in East Kesteven. As in the south of the County, the persons involved were mostly

schoolchildren, and vigorous measures were taken by the Medical Officer of Health and Public Health Inspector for the District and by the County Health Inspector to limit the spread of infection. A number of cases of this disease also occurred in the North Kesteven area in the first half of the year involving mostly pre-school and schoolchildren.

Puerperal Pyrexia - The 7 cases notified during 1963 represent a Notification rate of 2.6 per thousand births (live and still). The average number of notifications received during the previous five years was 16.

I am pleased to be able to report again that no notifications were received during 1963 in respect of cases of diphtheria and poliomyelitis. The last notified cases of diphtheria occurred in Kesteven in 1950, and we have been fortunate in being free from poliomyelitis during the past three years. The greatly diminished incidence of these diseases during the past few years is no doubt largely due to the schemes for immunisation. There is, however, always the danger that the absence of cases of these diseases in a community may lull parents into being careless about having their children protected in infancy and for this reason it is necessary to bring the need for immunisation constantly to their notice.

T U B E R C U L O S I S

The following table gives details of the movement of cases on and off the Register during the year, and the state of the Register at 31st December, 1963 :-

	Respiratory		Non-Respiratory		TOTAL	
	M	F	M	F	M	F
No. of persons on Register at 31.12.62.	202	136	11	25	213	161
<u>Cases added to Register during 1963</u>						
Formally notified	14	6	4	3	18	9
Transferred from other areas	8	2	-	1	8	3
Added to Register following Register check with Chest Clinics	3	4	1	-	4	4
	227	148	16	29	243	177
<u>Cases removed from Register during 1963</u>						
Died	9	3	-	2	9	5
Removed from area	12	9	2	-	14	9
Recovered	9	6	-	1	9	7
Removed from Register following Register check with Chest Clinics	5	6	-	-	5	6
	192	124	14	26	206	150
Number of persons on Register at 31.12.63.	192	124	14	26	206	150

The age groups of cases placed on the Register and of persons who died from tuberculosis during 1963 are as follows :-

Age Groups	Cases placed on Register				Deaths			
	Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
	M	F	M	F	M	F	M	F
Under 1 year	-	-	-	-	-	-	-	-
1-4 years	-	-	-	-	-	-	-	1
5-14 years	1	-	-	-	-	-	-	-
15-24 years	7(2)	1	1	-	-	-	-	-
25-44 years	11(4)	10(2)	4	1(1)	-	1	-	1
45-64 years	4(1)	1	-	2	3	-	-	-
65-74 years	1	-	-	-	2	-	-	-
75 and over	1(1)	-	-	1	1	-	-	-
TOTAL	25(8)	12(2)	5(-)	4(1)	6	1	-	2

N.B. Cases transferred from other Authorities are included in the main figures and also shown separately in brackets.

The following table shows new cases (including inward transfers) coming to the notice of the County Health Department during the last five years:-

Year	Respiratory	Non-Respiratory	Total
1959	63	8	71
1960	51	8	59
1961	47	9	56
1962	50	7	57
1963	37	9	46

The 7 deaths from respiratory tuberculosis represent a mortality rate of 0.05 per thousand of the total population. The 2 deaths from other forms of tuberculosis (bones, joints, glands etc.) were equivalent to a rate of 0.01 per thousand. Comparative information relating to the deaths from tuberculosis during the last decennium is given below.

	Respiratory Tuberculosis		Non-Respiratory Tuberculosis	
	No. of Deaths	Death Rate	No. of Deaths	Death Rate
1954	18	0.14	1	0.01
1955	18	0.14	4	0.03
1956	11	0.08	3	0.02
1957	11	0.08	1	0.01
1958	6	0.04	2	0.01
1959	8	0.06	1	0.01
1960	2	0.01	2	0.01
1961	4	0.03	-	0.00
1962	4	0.03	-	0.00
1963	7	0.05	2	0.01

It was not necessary to take any action under the Public Health (Prevention of Tuberculosis) Regulations, 1925 (relating to persons suffering from respiratory tuberculosis, employed in the milk trade), or under Section 172 of the Public Health Act, 1936, (relating to the compulsory removal to hospital of persons suffering from tuberculosis.)

Reference is made to the services provided for the welfare of tuberculous patients in the section dealing with the County Council's Scheme for the Prevention of Illness, Care and After-Care on page 30.

VENEREAL DISEASES

Arrangements for the diagnosis and treatment of persons suffering from venereal diseases continued as hitherto. Clinics staffed by specialists in venereology are attached to the out-patient departments of most large general hospitals in the United Kingdom. These clinics exist to advise and help patients and to control the spread of disease, by investigation of all cases in which genital infection is suspected, by

prompt treatment of patients and infected contacts and, by follow-up to establish that treatment has been successful. One of the most important functions of a clinic is to act as a centre for investigation, advice and reassurance of individuals who are anxious about infection but who are not in fact infected.

Advice, treatment and attendance at these special clinics is entirely free and confidential and patients may attend without making an appointment and without a doctor's letter.

The following table, compiled from returns submitted by the physicians in charge of the special treatment centres in this area, shows the number of Kesteven patients who attended for the first time during 1963 :-

	Syphilis	Gonorrhoea	Other Conditions	Total No. of Cases
Nottingham	-	-	10	10
Grantham	-	3	29	32
Lincoln	1	7	27	35
Peterborough	1	3	20	24
Boston	-	1	1	2
TOTAL	2	14	87	103

Dr. D. O. Stevenson, Consultant Venereologist, reports that there appears to be no reservoir of venereal disease in Kesteven. He also mentions that none of the patients attending his clinics at Lincoln and Grantham was particularly young.

I N S P E C T I O N A N D S U P E R V I S I O N O F F O O D

FOOD HYGIENE (GENERAL) REGULATIONS, 1960

As in previous years, the Public Health Department have been responsible for ensuring that the hygiene standards required by the above Regulations have been maintained in all our food preparing premises. During the year, the County Health Inspector carried out inspections of 43 premises in which food was prepared and any contraventions found were brought to the notice of the Chief Officer of the Department concerned.

It also forms part of the duty of the County Health Inspector to inspect food and advise on all food supplied to the County Council for use in their various establishments, and during the year, the County Health Inspector examined a large quantity of food and condemned as unfit for human consumption, the following :-

Fish	: 71 lbs.
Tinned Foods	: 22 lbs.
Flour	: 45 lbs.
Milk Powder	: 77 lbs.
Jam	: 56 lbs.
Sugar	: 28 lbs.
Various food stuffs	: 80 lbs.

MILK AND DAIRIES

Milk (Special Designation) Regulations, 1963 :-

It is under these Regulations that the County Council are responsible for licensing all persons in the County who are engaged in retail milk sales. Before issuing a licence, they must be satisfied that the facilities for handling, treatment and storage of milk are suitable and that there is no possible risk of milk being contaminated. At the end of the year, 134 persons were registered for the sale of milk. The majority of milk sold in this country is pasteurised; at the present time, there is only one licensed pasteurising establishment in the administrative county. It is the duty of the County Council to see that the milk is properly pasteurised before sale. To ensure compliance with the Regulations, it is necessary to make frequent inspections and to submit samples for bacteriological examination. During the year, the County Health Inspector made 72 visits to premises licensed for the retail sale of milk.

Particulars of samples obtained are as follows:-

District in which sample taken	Number Submitted	PASTEURISED				T.T. (Past.)				T. T.				STERILISED			
		Number	Satisfactory	Unsatisfactory	Void	Number	Satisfactory	Unsatisfactory	Void	Number	Satisfactory	Unsatisfactory	Void	Number	Satisfactory	Unsatisfactory	Void
Grantham M.B.	130	78	77	1	-	52	51	1	-	-	-	-	-	-	-	-	-
Stamford M.B.	36	10	10	-	-	14	13	-	1	11	9	2	-	1	1	-	-
Sleaford U.D.	14	7	7	-	-	7	7	-	-	-	-	-	-	-	-	-	-
Bourne U.D.	29	9	9	-	-	11	11	-	-	8	7	-	1	1	1	-	-
North Kesteven R.D.	52	13	12	-	1	3	3	-	-	36	30	2	4	-	-	-	-
South Kesteven R.D.	27	3	3	-	-	15	14	1	-	9	7	1	1	-	-	-	-
East Kesteven R.D.	13	4	4	-	-	7	7	-	-	2	2	-	-	-	-	-	-
West Kesteven R.D.	20	2	2	-	-	8	8	-	-	10	7	3	-	-	-	-	-
TOTAL FOR COUNTY	321	126	124	1	1	117	114	2	1	76	62	8	6	2	2	-	-

It will be noticed that there is a large increase in the total number of samples taken but it is satisfactory also to note that the number of samples which did not comply with the required tests were very few indicating the high bacteriological quality of the milk being retailed in this county. In every case where the Bacteriologist reported a sample to be unsatisfactory, follow-up action was taken and the subsequent tests then proved to be satisfactory.

Biological Milk Sampling

The County Council scheme for the routine sampling of milk for biological examination continued to function satisfactorily. It will be noted from the table below that some 93 samples were submitted and of this number, three proved to be positive to Brucellosis. In one case, all the milk was being sent for pasteurisation and therefore no action was necessary, whilst in the other two cases the milk was being retailed as tuberculin tested, farm bottled. However, in both cases, a complete herd investigation was carried out and for this purpose, over 200 samples were submitted for biological examination. The infected cows were traced and removed from the herd and both herds are now completely free from infection.

BIOLOGICAL MILK SAMPLES					
Number Submitted	Number of Herds Involved	TUBERCLE BACILLI		BRUCELLOSIS	
		Positive	Negative	Positive	Negative
93	39	NIL	93	3	90

In the case of another Producer/Retailer, the Divisional Veterinary Officer reported that some calves had died on this farm and had been found to be infected with *Salmonella typhi-murium*. Investigation showed that the milk supply was also infected and an Order was placed on the milk for it to be diverted for pasteurisation until it was established that the herd was free from infection.

Antibiotics in Milk

During the year, a report was received from the Ministry of Agriculture, Fisheries and Food concerning antibiotic preparations used in the veterinary service for the treatment of mastitis and other infectious diseases of cows. The Ministry stated that these antibiotics could reach the milk supply and so present a public health problem, and whilst an animal so treated may excrete antibiotics in her milk for the first two days, in some cases, this contamination had been found some days afterwards. In view of this obvious public health hazard, it was decided to institute a further milk sampling scheme in order to cover this field. Arrangements were made during the year for the Public Health laboratories to accept and examine samples for this purpose. However, the scheme did not become operative during the year under review, and a further report will be made in the 1964 Annual Report.

Milk and Dairies Acts and Orders:

I am indebted to Mr. G. A. Moore, the Divisional Veterinary Officer for the following report :-

"The herds of the county are still subject to an annual tuberculin test, and during 1963, 1,244 herds were tested. These involved nearly 65,000 animals but only nineteen reactors in twelve herds were found. A post mortem examination was made on all but one of these reactors and eleven of them showed lesions of tuberculosis. Of the seven where no lesions were found, biological tests were made but in no instance was tuberculosis confirmed. At 31st December, 1963, there were 349 registered milk producers in the county, of which 315 held T.T. Licences. 17,675 cattle in 302 herds were clinically examined but no animals showed clinical signs of tuberculosis or any other notifiable disease of cattle.

"Once again, there were no reports of tuberculosis milk infection and no cattle were slaughtered under the Tuberculosis Order."

It is interesting to note that during the year the estimated total sales of milk from farms in the administrative county of Kesteven was 7,195,000 gallons and the number of cows and heifers in milk in the county during that period was 9,803.

Milk in Schools Scheme:

For the first time, I am able to report that all the milk supplied to school children under the above scheme is now pasteurised. The position is as follows:-

16 Retailers supplying Pasteurised milk to 182 schools.

During the period under review, 23 samples of school milk were submitted for bacteriological examination and I am pleased to be able to report that all the samples satisfied the required tests.

Milk Supplies to Establishments and Homes:

In all cases of milk supplied to our Residential Establishments, Children's Homes and similar institutions under the control of the County Council, the source of supply is approved by my Department and samples are obtained and submitted for examination.

FOOD AND DRUGS ACT, 1955

The provision of the Food and Drugs Act, 1955, insofar as they relate to the composition and adulteration of food and drugs are administered by the Weights and Measures Department of the County Council and I am indebted to the Chief Inspector of Weights and Measures, Mr. E. T. Hawley, for the following information :-

Sampling :

During the year under review, 424 samples were obtained for chemical examination. The table shows the localities in which the samples were taken:-

North Kesteven	69
South Kesteven (including Bourne U.D.)	61
East Kesteven (including Sleaford U.D.)	105
West Kesteven	53
Grantham Borough	89
Stamford Borough	47
	<hr/>
	424

The action taken in respect of unsatisfactory samples is set out in Table IX on page 68.

G E N E R A L

When considering the whole question of environmental hygiene, it will be obvious that this subject forms the most important function that any Council can carry out. Indeed, the word "environmental" means the general health of the public as opposed to the personal health of the individual. Some of the more important functions of the Council under this heading are, food supply, housing, water supply and the disposal and purification of sewage.

HOUSING

The general improvement in housing continues and again, private development has exceeded Council house development. Slum clearance still continues but the rate of demolition is still too slow if we are to clear the slums and really provide every family with a reasonable standard of housing accommodation.

The following is an extract from the Housing Return issued by the Ministry of Housing and Local Government showing the present position in the various districts of this administrative county :-

CONSTRUCTION OF NEW HOUSES UP TO 31st DECEMBER, 1963.

LOCAL AUTHORITIES				PRIVATE OWNERS		LOCAL AUTHORITY	Estimated popn. mid-1962 (000's)	HOUSES IN CLEARANCE AREAS AND UNFIT HOUSES ELSEWHERE								
In tenders approved but not started	Under Construction	Completed since 1.4.45.	Under Construction	Completed since 1.4.45.	(1)			(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)
13	295	7,566	826	5,930	Lincoln - Parts of Kesteven	140.3	539	443	1,626							
-	-	1,800	46	937	<u>BOROUGHES</u>	25.2	150	183	442							
-	-	729	84	567	Grantham Stamford	12.3	41	10	102							
-	19	309	37	308	<u>URBAN DISTRICTS</u>	5.4	17	22	75							
-	52	417	24	178	Bourne Sleaford	7.7	118	86	28							
2	96	1,202	48	524	<u>RURAL DISTRICTS</u>	21.0	125	77	247							
4	26	1,260	367	2,520	East Kesteven	35.1	59	23	250							
-	72	784	71	492	North Kesteven	15.2	-	19	225							
7	30	1,065	149	404	South Kesteven West Kesteven	18.4	29	23	257							

WATER SUPPLIES, SEWERAGE AND SEWAGE PURIFICATION

In my last Annual Report, I gave a review showing schemes of water supply and sewerage which had been submitted to the County Council by the District Councils over the last ten years, and during the year under review, the following schemes were submitted and approved in principle :-

West Kesteven Rural District Council	- 18th March, 1963	<u>Claypole Sewerage Scheme (Extensions)</u>
West Kesteven Rural District Council	- 3rd October, 1963	<u>Denton Sewerage and Sewage Disposal</u>
South Lincs. Water Board	- 3rd October, 1963	<u>Mains Extension</u> <u>Baston Fen</u>
North Kesteven Rural District Council	- 3rd October, 1963	<u>Bassingham and Carlton-le-Moorland Sewerage Scheme</u>
South Lincs. Water Board	- 10th December, 1963	<u>Mains Extension,</u> <u>Deeping St. James</u>

Water Boards

The three water boards concerned with supplying water to Kesteven, i.e., the Kesteven Water Board (the Board mainly concerned with the area) the Lincoln and District Water Board and the South Lincolnshire Water Board, are now firmly established and a happy working arrangement exists between them and the County Council.

NATIONAL SURVEY OF AIR POLLUTION

During the year, the County Council were invited by the Department of Scientific and Industrial Research to take part in a National Survey of air pollution. The objects of this survey are to obtain as accurate a record as possible of the amount of pollution in the air over the whole country. Measurement of air pollution has been made since 1914 by local Authorities and other interested bodies, but it was not until 1961 that it became apparent that only an organised survey covering the whole of the country and carried out on a national scale, could give a true picture of the amount of pollution occurring.

This survey is being carried out by local authorities in all parts of the country in collaboration with Warren Springs Laboratory of the Department of Scientific and Industrial Research. The Air Pollution Division of this laboratory provides advice on the choice of sites for sampling, supervises the techniques used, trains staff to operate the standardised apparatus, supplies forms on which observations are recorded, arranges for the results to be calculated, printed and circulated, and after analysing these results, publishes a report on various aspects of air pollution.

In planning the National Survey, it was felt that the best way to get data of maximum value was to take measurements over 24-hour periods. The longer the period, the less knowledge gained about peak levels. Automatic continuous recording would of course provide this knowledge, but as peaks are not very frequent, such methods would be wasteful in equipment and in time spent processing the data. Much information about the weather, and about sickness and deaths from respiratory diseases, is related to daily periods so that daily measurement of pollution provides a basis of comparison. Daily values can of course, be averaged over longer periods as required.

To give some idea of the scale of this present survey, 620 co-operating bodies operate at their own expense, 959 deposit gauges, 955 monthly sulphur dioxide instruments of the lead dioxide type, 881 sulphur dioxide (volumetric) outfits, 946 daily smoke filters and 2 automatic smoke filters. The instruments used operate continually, and those in use in this county measure the amount of sulphur dioxide in the atmosphere, together with the amount of smoke.

The County Council readily agreed to take part in this survey and for this purpose, ordered two instruments - one of which will be stationed at Kirkby Underwood in a very isolated site and the other will be stationed in the village of Ruskington - (this village represents a typical small residential area). These sites were most carefully chosen with the co-operation of the Department of Scientific and Industrial Research. The site at Kirkby Underwood commenced in November, 1963 and the station at Ruskington was established early in 1964. The work involved in maintaining these sites is considerable and the station at Ruskington will require daily attention throughout the year.

The Public Health Aspect of Air Pollution

It is generally thought that the air in large industrial towns is dirtier than that found in our smaller towns. Investigation however, has shown that this is not necessarily true for high smoke concentrations can be found in small towns and at the same time, low concentrations can be found in large towns. The biggest cause of smoke pollution as observed at ground level is the domestic chimney, therefore smoke concentrations are highest where the concentration of houses is highest. The amount of pollution emitted depends largely on the amount and type of fuel burnt, for instance, in Yorkshire, the domestic coal consumption per head of population is approximately three times greater than that in London, therefore, any area of a given population density, in Yorkshire generally, has a higher smoke concentration than an area of similar density in London.

It will be appreciated that in this county, the survey has not been in operation for sufficient time to provide much information of interest and value but it is anticipated that the forthcoming year will reveal a more comprehensive picture of the work that has been done in the survey.

TABLE I - VITAL STATISTICS, 1963.

District	Popul'n Mid-year 1963 (R.G.Est.)	No. of Live Births			Crude Birth Rate	Nett Birth Rate	No. of Still- Births			Deaths under 1 year of age			Inf. Mort. Rate	No. of Deaths			Crude Death Rate	Nett Death Rate
		M	F	Total			M	F	Total	M	F	Total		M	F	Total		
Bourne	5,430	39	41	80	14.75	14.75	1	1	2	-	-	-	0.00	25	31	56	10.31	10.31
Grantham	25,420	219	231	450	17.70	18.94	4	2	6	6	5	11	24.44	156	142	298	11.72	11.72
Sleaford	7,750	66	57	123	15.87	16.98	3	2	5	2	1	3	24.39	76	72	148	19.10	11.45
Stamford	12,520	114	89	203	16.21	17.02	1	1	2	-	1	1	4.93	73	75	148	11.82	10.05
Total Urban District	51,120	438	418	856	16.74	16.74	9	6	15	8	7	15	17.52	330	320	650	12.72	11.06
East Kesteven	21,010	188	211	399	18.99	19.75	2	4	6	3	3	6	15.04	101	103	204	9.71	11.25
North Kesteven	35,890	401	372	773	21.54	20.45	5	2	7	11	2	13	16.82	226	211	437	12.18	10.34
South Kesteven	15,260	150	127	277	18.15	19.08	7	2	9	1	4	5	18.05	91	87	178	11.66	12.13
West Kesteven	18,260	176	157	333	18.24	16.77	2	1	3	3	4	7	21.02	117	86	203	11.12	12.33
Total Rural Districts	90,420	915	867	1,782	19.71	19.31	16	9	25	18	13	31	17.40	535	487	1,022	11.30	11.41
Total Administrative County	141,540	1,353	1,285	2,638	18.64	18.64	25	15	40	26	20	46	17.44	865	807	1,672	11.81	11.22

TABLE II - SHOWING FOR EACH COUNTY DISTRICT THE NUMBER AND CAUSES OF DEATH DURING 1963

CAUSES OF DEATH	Bourne U.D.	Grantham Borough	Sleaford U.D.	Stamford Borough	Aggregate	E. Kesteven R.D.	N. Kesteven R.D.	S. Kesteven R.D.	W. Kesteven R.D.	Aggregate	TOTALS
1. Tuberculosis, respiratory	-	1	1	1	3	2	1	1	-	4	7
2. Tuberculosis, other	-	1	-	-	1	-	-	1	-	1	2
3. Syphilitic disease	-	-	-	-	-	1	1	-	-	2	2
4. Diphtheria	-	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	-	-	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	-	-	-	-	-	-
8. Measles	-	-	-	-	-	-	-	-	-	-	-
9. Other infective and parasitic diseases	-	1	-	1	2	2	1	-	-	3	5
10. Malignant neoplasm, stomach	3	9	1	1	14	6	9	5	4	24	38
11. Malignant neoplasm, lung, bronchus	6	14	4	8	32	6	8	9	6	29	61
12. Malignant neoplasm, breast	2	2	2	-	6	4	7	4	4	19	25
13. Malignant neoplasm, uterus	1	3	-	1	5	2	1	1	1	5	10
14. Other malignant and lymphatic neoplasms	7	29	10	13	59	11	22	13	23	69	128
15. Leukaemia, aleukaemia	1	1	2	-	4	1	3	1	-	5	9
16. Diabetes	-	2	3	1	6	1	4	5	1	11	17
17. Vascular lesions of nervous system	7	47	21	24	99	23	50	30	39	142	241
18. Coronary disease, angina	4	37	23	32	96	43	82	23	37	185	281
19. Hypertension with heart disease	-	2	4	1	7	5	8	2	2	17	24
20. Other heart disease	9	38	29	13	89	20	75	30	30	155	244
21. Other circulatory disease	2	17	10	9	38	12	19	11	10	52	90
22. Influenza	-	2	-	2	4	-	3	1	2	6	10
23. Pneumonia	3	14	9	14	40	12	33	8	8	61	101
24. Bronchitis	-	31	4	6	41	6	24	6	8	44	85
25. Other diseases of respiratory system	-	6	2	-	8	3	1	2	1	7	15
26. Ulcer of stomach and duodenum	-	1	-	1	2	2	3	2	-	7	9
27. Gastritis, enteritis and diarrhoea	-	-	3	-	3	-	4	-	-	4	7
28. Nephritis and nephrosis	-	-	1	-	1	1	3	1	-	5	6
29. Hyperplasia of prostate	1	2	2	1	6	4	5	1	2	12	18
30. Pregnancy, childbirth, abortion	-	-	-	-	-	-	-	-	-	-	-
31. Congenital malformations	-	3	-	-	3	2	3	-	3	8	11
32. Other defined and ill-defined diseases	7	25	13	12	57	23	39	13	16	91	148
33. Motor Vehicle accidents	1	3	1	3	8	4	11	3	4	22	30
34. All other accidents	1	3	3	2	9	8	10	3	1	22	31
35. Suicide	1	4	-	2	7	-	4	2	1	7	14
36. Homicide and operations of war	-	-	-	-	-	-	3	-	-	3	3
ALL CAUSES	56	298	148	148	650	204	437	178	203	1,022	1,672

TABLE III - CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1963

CAUSES OF DEATH	Sex	AGGREGATE OF URBAN DISTRICTS													AGGREGATE OF RURAL DISTRICTS												
		All Ages	Under 4 wks	4 wks & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-	All Ages	Under 4 wks	4 wks & under 1 year	1-	5-	15-	25-	35-	45-	55-	65-	75-		
All Causes	M	330	6	2	1	1	1	5	4	27	57	87	139	535	15	3	3	3	12	4	17	42	77	134	225		
	F	320	4	3	1	1	1	1	4	16	31	70	183	487	8	5	4	-	1	5	8	28	57	96	275		
1. Tuberculosis, respiratory	M	2	-	-	-	-	-	-	-	-	1	-	1	4	-	-	-	-	-	-	-	-	3	1	-		
	F	1	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
2. Tuberculosis, other	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	F	1	-	-	1	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-		
3. Syphilitic disease	M	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	2	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
4. Diphtheria	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
5. Whooping Cough	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
6. Meningococcal infections	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
7. Acute Poliomyelitis	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
8. Measles	M	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-		
9. Other infective & parasitic diseases	M	1	-	-	-	1	-	-	-	-	-	-	-	1	-	-	-	-	-	-	1	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	1	-	-	2	-	-	-	-	-	-	-	-	-	-	1		
10. Malignant neoplasm, stomach	M	9	-	-	-	-	-	-	-	-	2	3	4	18	-	-	-	-	-	-	-	4	9	5	-		
	F	5	-	-	-	-	-	-	-	1	1	1	2	6	-	-	-	-	-	1	-	1	1	3	-		
11. Malignant neoplasm, lung, bronchus	M	26	-	-	-	-	-	-	-	5	12	7	2	22	-	-	-	-	-	1	1	9	8	3	-		
	F	6	-	-	-	-	-	-	-	2	1	2	1	7	-	-	-	-	-	-	1	4	2	-	-		
12. Malignant neoplasm, breast	M	-	-	-	-	-	-	-	-	-	-	-	-	1	-	-	-	-	-	-	-	-	1	-	-		
	F	6	-	-	-	-	-	-	-	2	1	2	1	19	-	-	-	-	1	1	4	3	4	5	-		
13. Malignant neoplasm, Uterus	F	5	-	-	-	-	-	-	-	2	-	-	3	5	-	-	-	-	-	-	1	2	-	2	-		
14. Other malignant & Lymphatic neoplasms	M	30	-	-	-	-	-	-	-	3	4	13	10	44	-	-	-	1	1	1	-	5	8	16	12		
	F	29	-	-	-	-	-	-	-	3	8	17	5	25	-	-	-	-	-	-	-	5	7	10	-		
15. Leukaemia, Aleukaemia	M	1	-	-	-	-	-	-	-	1	-	-	-	3	-	-	-	-	-	-	-	2	-	1	-		
	F	3	-	-	-	-	-	-	-	-	-	1	2	2	-	-	-	-	-	-	-	1	-	1	-		
16. Diabetes	M	3	-	-	-	-	-	-	-	-	-	-	1	2	-	-	-	-	-	-	-	3	1	2	-		
	F	3	-	-	-	-	-	-	-	-	-	1	2	6	-	-	-	-	-	-	-	3	1	2	-		
17. Vascular lesions of Nervous system	M	40	-	-	-	-	2	-	3	3	15	17	62	-	-	-	-	-	-	-	2	8	19	53	-		
	F	59	-	-	-	1	-	2	-	3	12	41	80	-	-	-	-	-	-	-	2	5	17	56	-		
18. Coronary disease, Angina	M	62	-	-	-	-	-	-	3	5	12	20	22	119	-	-	-	-	-	5	14	24	30	46	-		
	F	34	-	-	-	-	-	-	1	5	8	20	66	-	-	-	-	-	-	-	-	8	22	36	-		
19. Hypertension with heart disease	M	2	-	-	-	-	-	-	-	-	-	2	-	3	-	-	-	-	-	-	-	-	-	3	-		
	F	5	-	-	-	-	-	-	-	-	-	3	2	14	-	-	-	-	-	-	-	4	5	5	-		
20. Other heart disease	M	31	-	-	-	-	-	-	-	-	4	3	24	62	-	-	-	-	1	-	4	3	6	47	-		
	F	58	-	-	-	-	-	-	-	-	1	9	48	93	-	-	-	-	-	1	4	5	10	73	-		
21. Other circulatory disease	M	18	-	-	-	-	-	-	-	1	4	4	9	21	-	-	-	-	-	2	-	1	2	16	-		
	F	20	-	-	-	-	-	-	-	-	-	5	15	31	-	-	-	-	1	-	-	2	1	27	-		
22. Influenza	M	2	-	-	-	-	-	-	-	1	-	1	-	1	-	-	-	-	-	-	-	-	1	-	-		
	F	2	-	-	-	-	-	-	-	-	-	-	2	5	-	-	-	-	-	1	-	1	1	2	-		
23. Pneumonia	M	27	-	1	-	-	-	-	-	2	6	5	13	24	-	1	-	-	-	-	2	3	8	10	-		
	F	13	-	-	-	-	-	-	-	1	1	4	7	37	-	1	1	-	-	-	1	1	2	10	21		
24. Bronchitis	M	27	-	-	1	-	-	-	-	2	3	7	14	30	-	-	-	-	-	-	4	3	11	12	-		
	F	14	-	-	-	-	-	-	-	-	2	3	9	14	-	1	-	-	-	-	2	2	5	4	-		
25. Other diseases of respiratory system	M	3	-	-	-	-	-	-	-	-	-	1	2	5	-	-	-	-	-	1	-	-	2	2	-		
	F	5	-	-	-	-	-	-	-	1	1	1	2	2	-	-	-	-	-	-	-	-	-	2	-		
26. Ulcer of stomach & duodenum	M	1	-	-	-	-	-	-	-	-	-	-	-	6	-	-	-	-	-	-	-	1	1	2	-		
	F	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	-	-	-	-	-	1	1	2	-		
27. Gastritis, enteritis & diarrhoea	M	2	-	-	-	-	-	-	-	-	1	-	1	3	-	2	-	-	-	-	-	-	-	-	-		
	F	1	-	-	-	-	-	-	-	-	-	-	1	1	-	-	1	-	-	-	-	-	-	1	-		
28. Nephritis & Nephrosis	M	1	-	-	-	-	-	-	-	-	-	1	-	3	-	-	-	1	-	1	-	-	-	-	-		
	F	-	-	-	-	-	-	-	-	-	-	-	-	2	-	-	-	-	-	-	-	-	-	-	-		
29. Hyperplasia of prostate	M	6	-	-	-	-	-	-	-	-	-	-	6	12													

TABLE IV - INFANT WELFARE CENTRES, 1963.

Address of Centre	Days of Opening	First Attendances During Current Year of Children				Attendances of Children				Consultations with Medical Officer	
		Born in 1963	Born in 1962	Born in 1958 to 1961	Total	Born in 1963	Born in 1962	Born in 1958 to 1961	Total with Average	Seen by M.O.	Refd. to Spec.
ALLINGTON Village Hall	3rd Thursday	16	16	29	61	73	119	174	366 (30)	32	2
ANCASTER Village Hall	4th Thursday	15	13	5	33	59	67	43	169 (15)	77	1
BASSINGHAM Comrades Hall	2nd Tuesday	20	5	26	51	94	117	127	338 (28)	58	-
BILLINGBOROUGH Toller Hall	3rd Tuesday	22	20	41	83	127	167	141	435 (36)	233	15
BILLINGHAY Church Hall	2nd & 4th Wednesday	27	15	13	55	187	145	54	386 (16)	126	-
BOURNE Clinic North Rd.	1st & 3rd Thursday	74	53	66	193	761	624	403	1788 (35)	191	7
BRACEBRIDGE HEATH Village Hall	2nd & 4th Thursday	36	51	64	151	240	275	366	881 (34)	92	2
BRANSTON Methodist Chapel	2nd Tuesday	48	28	21	97	145	130	94	369 (30)	72	-
CANWICK Village Hall	3rd Tuesday	8	4	14	26	30	26	60	116 (14)	35	-
CASTLE BYTHAM Village Hall	2nd Wednesday	8	10	15	33	51	62	71	184 (15)	98	1
CAYTHORPE Village Hall	2nd Wednesday	25	10	20	55	84	33	77	194 (16)	50	-
CLAYPOLE Village Hall	1st Thursday	8	14	17	39	25	49	92	166 (13)	88	-
COLSTERWORTH Wesleyan School	4th Monday	9	13	10	32	48	125	129	302 (25)	29	4
CORBY The Church Room	2nd Thursday	20	20	20	60	94	96	112	302 (25)	50	4

TABLE IV - INFANT WELFARE CENTRES, 1963 (CONTD)

Address of Centre	Days of Opening	First Attendances During Current Year of Children				Attendances of Children				Consultations with Medical Officer	
		Born in 1963	Born in 1962	Born in 1958 to 1961	Total	Born in 1963	Born in 1962	Born in 1958 to 1961	Total with Average	Seen by M.O.	Refd. to Spec.
CRANWELL R.A.F. Station	1st & 3rd Thursday	56	18	16	90	266	230	91	587 (26)	-	5
DRY DODDINGTON Village Hall	3rd Tuesday	8	9	12	29	26	75	106	207 (17)	-	-
EAGLE Village Hall	2nd Wednesday	15	16	30	61	80	76	110	266 (22)	101	2
FOLKINGHAM Village Hall	1st Friday	5	2	9	16	17	6	50	73 (6)	24	-
GRANTHAM 40, Westgate	Tuesday a.m. & p.m. Wed p.m. Thurs a.m. & p.m.	238	132	169	539	1961	1542	688	4191 (27)	690	10
GRANTHAM Harrowby Lane Methodist Church Hall	Every Wednesday	66	73	31	170	608	653	113	1374 (30)	41	-
GRANTHAM Beaconfield Clinic	Every Thursday	81	78	75	234	1160	672	264	2096 (41)	146	5
GREAT CONERBY Memorial Hall	1st Wednesday	18	13	17	48	58	63	42	163 (13)	42	-
HARLAXTON Village Hall	3rd Thursday	7	5	12	24	31	23	45	99 (8)	9	-
HECKINGTON Village Hall	3rd Thursday	23	25	32	80	98	184	203	485 (44)	75	-
HEIGHTINGTON Methodist Schoolroom	2nd Thursday	24	31	31	86	140	143	166	449 (37)	221	1
HELPRINGHAM Memorial Hall	1st Friday	15	14	27	56	68	98	124	290 (24)	157	1

TABLE IV - INFANT WELFARE CENTRES, 1963 (CONTD)

Address of Centre	Days of Opening	First Attendances During Current Year of Children				Attendances of Children				Consultations with Medical Officer	
		Born in 1963	Born in 1962	Born in 1958 to 1961	Total	Born in 1963	Born in 1962	Born in 1958 to 1961	Total with Average	Seen by M.O.	Refd. to Spec.
INGOLDSBY Village Hall	1st Wednesday	8	4	16	28	27	30	132	189 (17)	33	-
LANGTOFT R.A.F. Wives Club	1st & 3rd Monday	27	41	35	103	131	171	120	422 (30)	256	15
LEADENHAM Village Hall	4th Friday	17	10	17	44	47	48	62	157 (14)	56	-
LEASINGHAM Village Hall	3rd Tuesday	16	14	23	53	67	74	96	237 (19)	155	-
LINCOLN BRANT ROAD Social Club	4th Monday	18	11	25	54	72	94	151	317 (26)	133	-
LONG BENNINGTON Village Hall	Alternating 2nd Thurs. & 2nd Mon.	6	22	25	53	40	146	108	294 (24)	46	1
MARKET DEEPING Welland Room, New Inn	2nd & 4th Monday	54	79	67	200	391	601	207	1199 (50)	466	4
MARTIN Dr. R. E. Riley's Surgery	3rd Wednesday	10	17	11	38	44	74	91	209 (21)	101	1
METHERINGHAM Village Hall	1st & 3rd. Wed.	27	19	22	68	259	237	241	737 (30)	211	-
MORTON Baptist Church Hall	3rd Friday	8	6	14	28	35	47	44	126 (10)	-	-
NAVENBY Wesleyan School	2nd Friday	20	13	10	43	56	46	76	178 (16)	56	1
NOCTON Village Hall	Wednesday fortnightly	15	11	19	45	67	98	79	244 (20)	41	-

TABLE IV - INFANT WELFARE CENTRES, 1963 (CONTD)

Address of Centre	Days of Opening	First Attendances During Current Year of Children				Attendances of Children				Consultations with Medical Officer	
		Born in 1963	Born in 1962	Born in 1958 to 1961	Total	Born in 1963	Born in 1962	Born in 1958 to 1961	Total with Average	Seen by M.O.	Refd. to Spec.
NORTH HYKEHAM Church Hall	2nd & 4th Tuesday	70	77	18	165	522	637	133	1292 (56)	178	2
NORTH HYKEHAM (Newark Road) Memorial Hall	1st & 3rd Monday	52	36	40	128	356	340	303	999 (47)	133	-
NORTH HYKEHAM St. Hughes	1st & 3rd Wednesdays	77	48	37	162	597	341	201	1139 (51)	112	-
NORTON DISNEY Village Hall	1st Friday	7	7	15	29	29	27	75	131 (22)	7	-
OSBOURNBY Village Hall	Last Thursday	7	3	6	16	23	22	46	91 (8)	60	-
POTTERHANWORTH Village Hall	3rd Friday	2	10	20	32	6	70	145	221 (18)	104	-
ROPSLEY Village Hall	3rd Friday	7	9	10	26	26	56	81	163 (14)	28	-
SKELLINGTHORPE Women's Institute	2nd Monday	21	29	34	84	89	200	187	476 (39)	80	-
SLEAFORD Riversdale House, Westgate,	Every Monday	121	30	33	184	970	568	439	1977 (40)	291	18
SOUTH KYME Village Hall	4th Tuesday	9	8	14	31	32	60	91	183 (16)	147	-
SOUTH WITHAM Church Hall	3rd Wednesday	21	7	16	44	75	36	32	203 (17)	26	1
STAMFORD Barnhill Clinic	Every Friday	184	184	213	581	2236	1573	787	4696 (94)	1325	10
SWINDERBY Methodist Schoolroom	1st Thursday	9	5	5	19	48	5	34	185 (15)	140	1

TABLE IV - INFANT WELFARE CENTRES, 1963 (CONTD)

Address of Centre	Days of Opening	First Attendances during Current Year of Children				Attendances of Children				Consultations with Medical Officer	
		Born in 1963	Born in 1962	Born in 1958 to 1961	Total	Born in 1963	Born in 1962	Born in 1958 to 1961	Total with Average	Seen by M.O.	Refd. to Spec.
THURLBY Chapel Hall	2nd Friday	7	14	20	41	34	73	78	185 (16)	-	-
WADDINGTON Church Hall	1st & 3rd Tuesday	48	28	6	82	260	398	184	842 (35)	95	-
WADDINGTON R.A.F.	1st & 3rd Thursday	61	41	22	124	306	357	72	735 (32)	12	-
WASHINGTON Village Hall	3rd Thursday	14	16	21	51	67	92	73	232 (19)	80	-

TABLE V *PREMATURE INFANTS BORN DURING 1963

	P R E M A T U R E L I V E B I R T H S												P R E M A T U R E S T I L L B I R T H S	
	Born in Hospital				Born at Home or in a Nursing Home									
					Nursed entirely at home or in a Nursing Home				Transferred to Hospital on or before 28th day					
					Died				Died				Born	
Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	Total Births	Within 24 hours of birth	In 1 and under 7 days	In 7 and under 28 days	In Hospital	At home or in a Nursing Home	
2lb 3 oz or less	2	1	1	-	-	-	-	-	-	-	-	-	3	-
Over 2 lb 3 oz up to and inclu- ding 3 lb 4 oz	12	6	1	2	-	-	-	-	-	-	-	-	9	-
Over 3 lb 4 oz up to and inclu- ding 4 lb 6 oz	21	2	1	-	1	-	-	-	6	-	-	2	9	2
Over 4 lb 6 oz up to and inclu- ding 4 lb 15 oz	33	1	1	1	3	-	-	-	-	-	-	-	3	-
Over 4 lb 15 oz up to and inclu- ding 5 lb 8 oz	65	-	2	-	13	-	-	-	-	-	-	-	3	-
TOTAL	133	10	6	3	17	-	-	-	6	-	-	2	27	2

* i.e. babies weighing 5½ lbs. or less at birth, irrespective of period of gestation.

TABLE VI - DOMESTIC HELP SERVICE

Area	Year	CASES ASSISTED - ANALYSIS BY TYPE OF CASE						Number of Helps employed at end of year (all part-time)	Total hours worked by Helps
		Maternity	T.B.	Chronic Sick (Under 65 years)	Chronic Sick (Over 65 years)	Others (Short-term sickness etc.)	Total		
GRANTHAM	1962	19 (19)	1 (-)	11 (5)	227 (68)	15 (9)	273 (101)	68	40,539
	1963	13 (13)	1 (-)	22 (12)	216 (62)	10 (10)	262 (97)	62	40,590
SLEAFORD, NORTH & EAST KESTIVEN	1962	22 (22)	1 (-)	25 (11)	223 (67)	19 (17)	290 (117)	72	39,944
	1963	29 (29)	1 (1)	20 (15)	186 (59)	24 (21)	260 (125)	68	44,939
STAMFORD, SOUTH KESTEVEN AND BOURNE	1962	9 (9)	- (-)	6 (3)	177 (56)	7 (5)	199 (73)	54	40,655
	1963	10 (10)	- (-)	25 (7)	223 (76)	11 (8)	269 (101)	50	39,300
TOTALS	1962	50 (50)	2 (-)	42 (19)	627 (191)	41 (31)	762 (291)	194	121,138
	1963	52 (52)	2 (1)	67 (34)	625 (197)	45 (39)	791 (323)	180	124,829

The figures in brackets denote new cases helped, i.e. cases who had not received help before 1963.

TABLE VII - DISTRIBUTION OF NOTIFIED CASES OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES IN RURAL AND URBAN DISTRICTS, 1963

(including Non-Civilians)

Sanitary District	Total No. notified	Scarlet Fever	Diphtheria	Measles	Whooping Cough	Acute Pneumonia	Ophthalmia Neonatorum	Puerperal Pyrexia	Dysentery	Erysipelas	Acute Polio-myelitis		Para-Typhoid Fever	Acute Enceph-alitis		Meningococcal Infection	Food Poisoning	Malaria	Enteric Fever
											Paralytic	Non-Paralytic		Infective	Post Infectious				
Bourne U.D.	156 (79)	29	-	16	1	19	-	-	89	1	-	-	1	-	-	-	-	-	-
Grantham M.B.	510 (28)	3	-	479	3	18	-	3	2	2	-	-	-	-	-	-	-	-	-
Sleaford U.D.	14 (245)	4	-	9	-	1	-	-	-	-	-	-	-	-	-	-	-	-	-
Stamford M.B.	118 (291)	17	-	35	13	20	-	2	30	1	-	-	-	-	-	-	-	-	-
Aggregate of Urban Districts	798 (643)	53	-	539	17	58	-	5	121	4	-	-	1	-	-	-	-	-	-
E. Kesteven R.D.	465 (60)	3	-	395	2	8	-	-	56	1	-	-	-	-	-	-	-	-	-
N. Kesteven R.D.	451 (145)	1	-	376	12	1	-	-	58	2	-	-	-	-	-	-	1	-	-
S. Kesteven R.D.	308 (53)	12	-	205	21	7	-	1	61	-	-	-	-	-	-	-	1	-	-
W. Kesteven R.D.	221 (4)	-	-	213	4	1	-	1	-	-	-	-	-	-	-	-	2	-	-
Aggregate of Rural Districts	1,445 (262)	16	-	1,189	39	17	-	2	175	3	-	-	-	-	-	-	4	-	-
Totals for whole County	2,243 (905)	69 (39)	- (-)	1,728 (403)	56 (44)	75 (43)	- (-)	7 (10)	296 (341)	7 (5)	- (-)	- (-)	1 (-)	- (-)	- (-)	- (3)	4 (17)	- (-)	- (-)

Note - Figures in brackets relate to 1962.

TABLE VIII - CLINICS

Address	Dental	Orthopaedic	Ophthalmic*	E.N.T.*	Speech Therapy	Child Guidance
Beaconfield, Grantham	As required	Mon. 2-5 p.m. Wed 2 a.m. - 5 p.m. Fri. 9 a.m. - 5 p.m.	Mon. 10 a.m. - 1 p.m.	Last Fri. each month 11 - 12 noon	Wed. 9 a.m. - 4 p.m. Fri. 1 - 4 p.m.	Mon. & 1st & 3rd Wed. each month 9.30 a.m. - 12.30 p.m. 2.0 - 5 p.m.
Barnhill House, Stamford	Temporarily Suspended	Tues. 9.30 a.m. - 12 noon	1st & 3rd Thurs. each month, 9 - 11 a.m.	-	Mon. 9 a.m. - 4 p.m.	-
North Street, Bourne	Temporarily suspended	Tues. 2 - 4.30 p.m.	4th Thurs. each month 2 - 4 p.m.	-	Thurs. 1.30 - 4 p.m.	Bourne House Hostel Fri. 2 - 5 p.m.
Riversdale House, Sleaford	Mon. - Fri. 9 a.m. - 5 p.m.	Mon. 9.30 a.m. - 12.30 p.m. Thurs. 9.30 a.m. - 4.30 p.m.	1st, 2nd & 3rd Thurs. each month 10 a.m. - 12.30 p.m.	1st Fri. each month, 11 a.m. - 1 p.m.	Mon. & Fri. 9 a.m. - 4 p.m. Thurs. 9 a.m. - 12 noon.	Fri. 9.30 a.m. - 12.30 p.m.
30, Lindum Road, Lincoln	-	-	-	-	Wed. 1 - 4 p.m.	-

*under arrangements with the Regional Hospital Boards.

All services by appointment only

TABLE IX - ACTION TAKEN UNDER THE FOOD AND DRUGS ACT, 1955, IN CASES OF UNSATISFACTORY SAMPLES - 1963

Sample No.	Article	Report of Analyst	Action Taken
148	Strawberries in syrup	Contents satisfactory, but label contravenes Labelling of Food Order, 1953	Under the Labelling of Food Order, 1953, pre-packed foods compounded of more than one substance, must bear a list of the separate ingredients. As this product was packed in Holland, the matter was taken up with the British firm responsible for importation, and they agreed to amend the label and add the words 'colouring matter.'
184 1854	Milk) Milk)	Contained approximately 9% added water	These two milk samples were taken at a Grantham dairy following a complaint from a consumer. They were in fact, pint bottles of milk pasteurised the previous day and returned unsold from the round. In view of the circumstances, it was decided to take no action against the dairy but to take further samples from the producer. Shortly afterwards, however, the producer gave up milking.
284	Raspberries in syrup	Contents satisfactory, but the tin contained a sliver of hard wood about 1½" long.	The canners, a well-known Scottish firm, were at a loss to know how this piece of wood had eluded the numerous inspectional processes to which their products are subjected. In view of all the circumstances, they were cautioned in writing.
304	Milk	Contained only 7.92% solids other than fat.	This was a sample of milk taken from a Stamford vending machine. In spite of the unusually low solids content, the freezing point was normal and the analyst was of the opinion that it was in fact, genuine milk of very poor quality.
348	Casserole steak with gravy	Contained only 61.7% meat instead of the 75% which the Food Standards Committee recommend.	This was an imported product selling at 1/9d per lb; 3d. or more below the normal price. The Food Standards Committee has made recommendations concerning meat products, but these have not yet been accepted by the Minister. The importers were informed of the analyst's comments and were advised to draw the attention of the canners to the Foods Standards Committee's recommendations.
357	Cherries in syrup	Contents satisfactory but label contravenes Labelling of Food Order, 1953	The attention of the canners was drawn to the requirements to state on the label, a specific description of the contents, including colouring matter.

